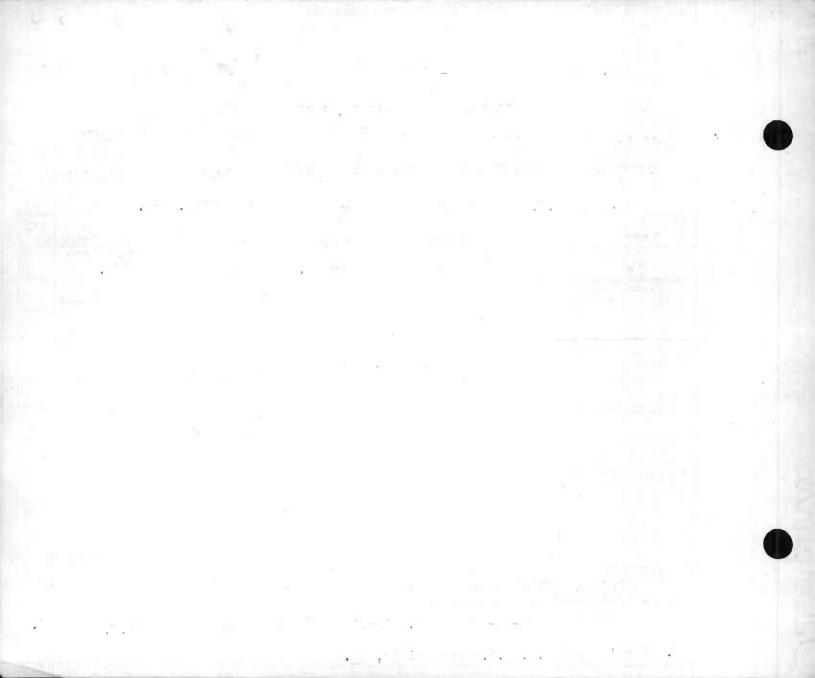
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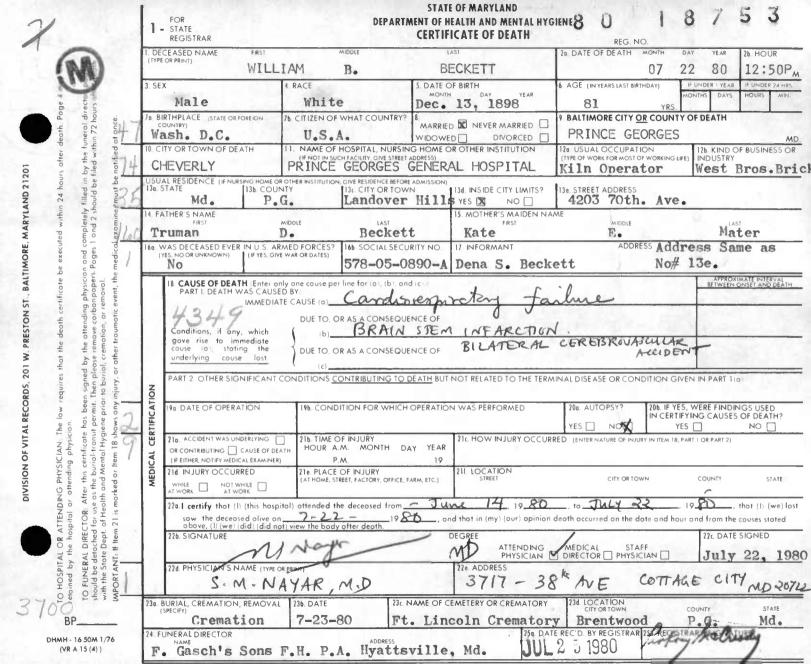
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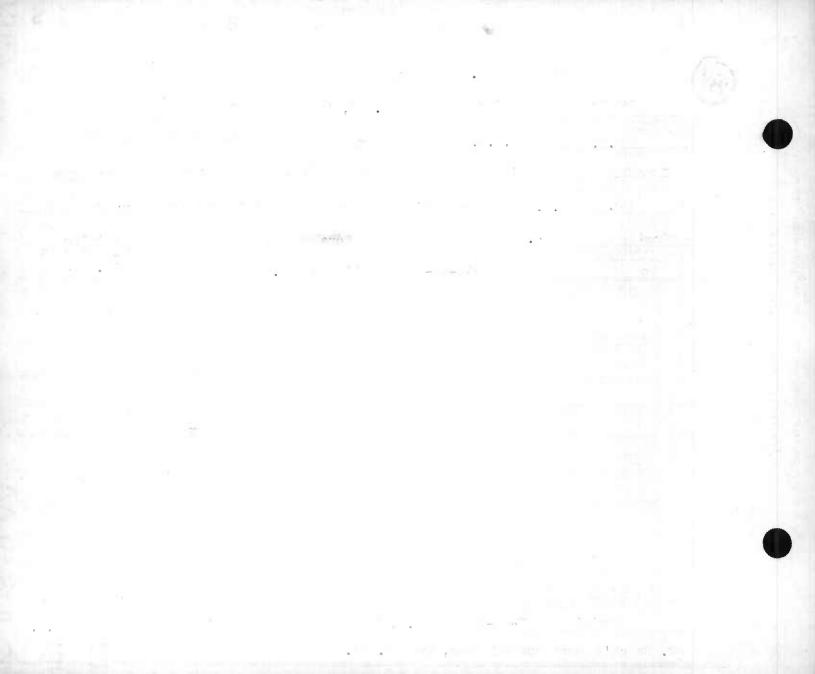
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	17	FOR STATE	DEPA	STATE OF MARY RTMENT OF HEALTH AND	MENTAL HYGI	ENE 8 0	IT -	8 7	5 2
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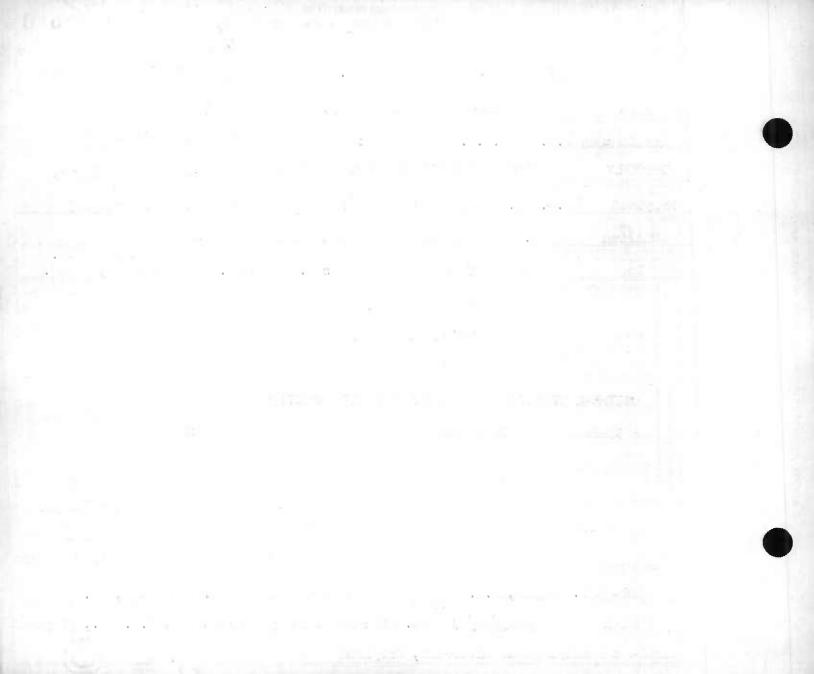
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" m m ~ v ~		ned
LEXAMINER: E CERTIFICATE, OUID BE FOR, IL DIRECTOR: H, WITH THE S MARYLAND, 21	22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . and in my opin	nion
EXAMINER CERTIFICA ULD BE FO DIRECTOR WITH THE ARYLAND,	death resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined manner	
K K K K K K K K K K K K K K K K K K K	TITLE (SPECIFY)	
WAA A	ACTUAL Deputy DATE	7-71-871
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N N N N N N N N N N N N N N N N N N N	EXAMINER'S NAME	0
₹ 28 2 85	TYPE OR PRINT) AUGUSTO P. RODRIGUEZ M.D. ADDRESS 5009 Rayburn Court, Camp	springs, Md.
TO MEDICAL EXAM EXECUTE THE CERT PAGE A SHOULD FOR THE CERT FOR EVINERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL	RIAL, CREMATION ALMOVAL 224 DATE 230 NAME OF CEMETERY OR CREMATORY 230 LOCATION	
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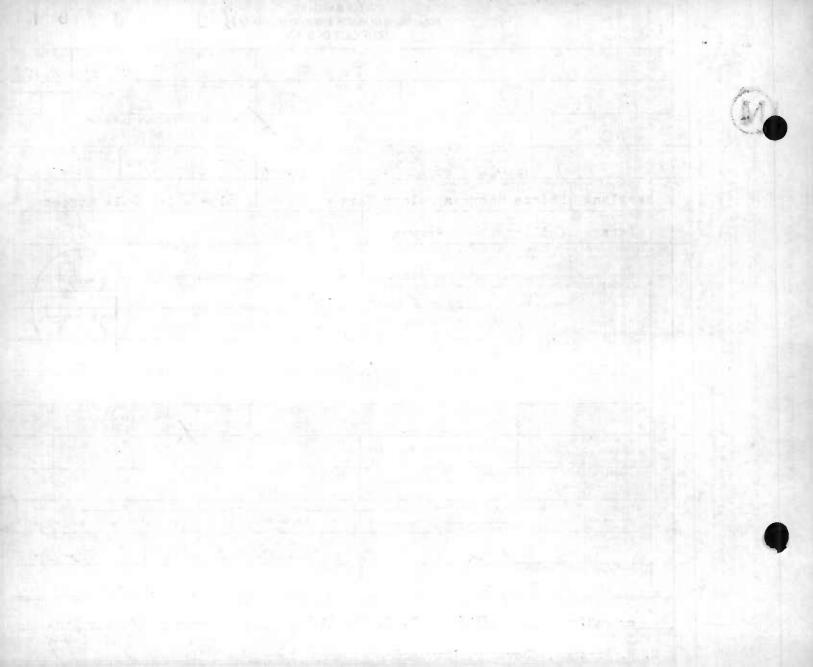
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN LTYPE OR PRINTS Alvin Brown James 1080 DEATH MATED XX 3. SEX 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 2d. HOUR DATE male black PRONOUNCED Dec. 10,1955 24 DEAD Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED George County Virginia(NelsonO U.S.A. DIVORCED D. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS wooded area/7242 Strafford-Wood, Apt. Building, Groun Landover Rd. Landover USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Prince George Hillcrest Hgts 13d INSIDE CITY LIMITS? 2615 Colebrook Drive Maryland YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST James Edward Brown Katherine Giles Rose 2615 Colebrook Drive Hillcrest Hgts.,Md 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 229-84-6666 James E. Brown No CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Aspiration of gastric contents DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES XX NO R: PAGE 3 SHOULD BE E STATE DEPARTMENT C 21201 PRIOR TO BURIA 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING MEDICAL subjected aspirated on gastric contents CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC. WHILE AT WORK 7242 LandoverRoad, Landover, wooded area MD XX 220. I certify that I to the remains described above, held on Autopsy deoth resulted from Undetermined monner TITLE (SPECIFY) Deputy Chief ACTUAL TO MEDICAL E
EXECUTE THE C
PAGE 4 SHOU
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AFTER DEATH, '
BALTIMORE, MA D. Street, Balto., MD 21201 Thomas lll Penn EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 7/23/80 Rose's Family Cemetery Amherst Piney River Funeral Home Ton Date REC'D. BY REGISTRAR 256. POSISTRAR'S SONO 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Piney River, Virginia 15M 7/77

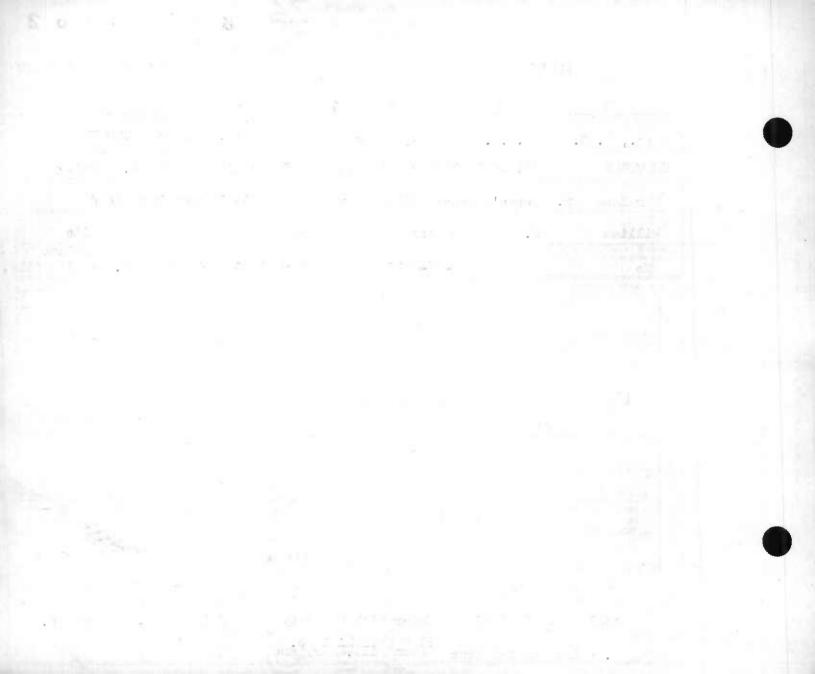
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R. H. Hagaman, Cheverly, Maryland



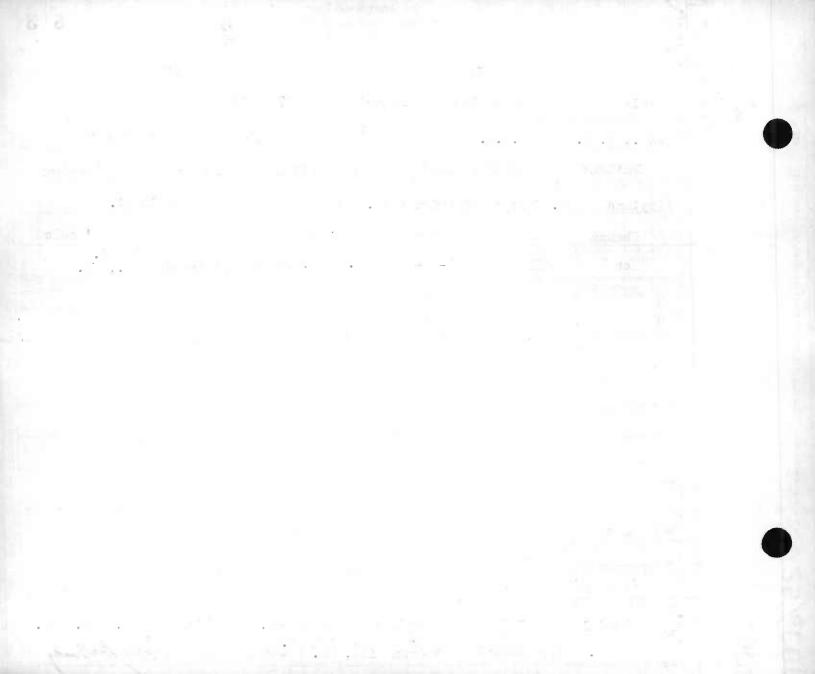


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4) 7/78



A The Salver of W. H. Hannelen Dadgeren Call. H. W. DESTRUCTION OF THE OWNERS OF T tioned V. Destruction Corp. Repeat Log. Ed.,

					STATEO	FMARYLAND					
IA			FOR	DEPA	RTMENT OF HEA	LTH AND MENTAL HY	GIENE	18/65			
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	2 PHEH		WITT		. 100	Whell	DEATH MATED	1 14 1980 M			
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	TALE PAGE	10. C1	Cheverly	II. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G Prince Geor	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GRESTREET ADDRESS) Tince George's General Hospital Tractor Trailer Driver None						
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wì.	an zywo		Frank Burnette			Saddi	e	Perry			
OR	OF S	16a V	VAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO	17. INFORMANT	ADDRE	Perry			
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OC UI	SED SEE	1	190. DATE OF OPERATION	196. CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED?		20. AUTOPSY?			
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OF VIT	ATE SH WORL THE CH TO BE U	ER	21g EXTERNAL CAUSÉ WAS	21b. TIME OF INJUI	Y [2]	c. HOW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM				
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DIVISION	CERTIFICATE S ITING THE WO DED TO THE E 3 SHOULD BE DEPARTMENT PRIOR TO BURI	MEDICAL	21d. INJURY OCCURRED	218. PLACE OF INJUSTREET, FACTORY, FA		LOCATION STREET	CITY OR TOWN	COUNTY STATE			
ā		5	AT WORK AT WORK		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	R: THIS TE, WR DRWAR : PAGE STATE 21201										
	TO DO MIN .		22a. I certify that I toak char	e of the remoins described	above, held an A	utopsy , Inspection	, Inquiry ,	and in my opinian			
	- L - 11 + 4	2.	death resulted from: Natu	ol causes , Accid	ent . Suicide	Homicide	Undetermined monner				
	CERTIFICA ULD BE F DIRECTOI WITH TH		-0	1 1/21		TITLE (SPECIFY)		()			
	MA A A		ACTUAL SIGNATURE	all the	digley	Deputy	MEDICAL EXAMINER	DATE 7/15 /80			
	MEDICAL ECUTE THE GECUTE THE GE A SHOULD FUNERAL LITER DEATH, CUTIMORE, M.		SIGNATURE -	- /	110		MEDICAL EXAMINER	SIGINED			
	MEDICA CUTE THE FUNER A SH FUNER A FINORE		EXAMINER'S NAME	sto P. Rdorig	M M Seur	5009 R	avhurn Ct., C	amp Springs, Md.			
	M C E C E C E C E C E C E C E C E C E C					ADDRESS		amp opration, true			
DOO	PART APET	23a.B	URIAL, CREMATION, REMOVAL		3c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE			
000	BP		Burial	7-17-80	Harmony Me	morial Park	Landover	A MA			
	DHMH - 17	24. F	UNERAL DIRECTOR		4	250. DATE RE	C'D BY BONRAR 25 M	unjarny various assumy			
	(VR A15 ME (5))		John T. Rhines	Co., 3015 1	2th St., N.	E. D. C. JUL	N 1 1000	/ 1			
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		STATE OF MARTLAND	
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once.	m MALE	RACE S DATE OF BIRTH MONTH DAY YEAR 1/ 14 23	6 AGE (IN YEARS LAST BIRTHDAY) WONTHS DAYS HOURS MIN
uneral di nn 72 hou	IN BIRTHPLACE (STATE OR FOREIGN COUNTRY)	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince Georges G.
ours after by the filed with	Greenbelt, Md	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT, IN SUCH FACILITY, GIVE STREET ADDRESS) CITCONOCIT CONV., CENTER	176 USUAL OCCUPATION (1795 OF WORK FOR MOST OF WORKING LIFE) 176 KIND OF BUSINESS CONTROL OF BUSINESS CONT
thin 24 hc	MARYLAND P.	R. GEO. SEABROOK YES NO [13R STREET ADDRESS 7019 96th Place
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ficate be exect sician and con bers. Pages 1 a oval.		RMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT N'EWAR OR DATES; N'EL 211 12 3604 Miriam Busch	ADDRESS Same as # 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
we requires that the death cert sen signed by the attending ph Then please remove carbon pa or to burial, cremation, or rem any injury, or other traumatic		DUE TO OR AS A CONSEQUENCE OF LOW TO OR AS A CONSEQUENCE OF	ACC 1'd ent
9 5 5 8	190 DATE OF OPERATION 211 ACCIDENT WAS UNDERLYING	19% CONDITION FOR WHICH OPERATION WAS PERFORMED	204 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
PHYSICIAN: The 19 physician. this certificate has urial-transit permit Mental Hygiene p d or Item 18 show	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR P.M. 19	RED (ENTER NATURE OF INJURY IN ITEM TB, PART T OR PART 2)
NG P Inding fter the he bur and N arked	WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
ITAL OF ATTENDI y the hospital or atte RAL DIRECTOR: A detached for use as t tate Dept. of Health NT: If Item 21 is mi	sow the deceased live or obove (1/(we) (did) did no 278. SIGNATURE	DEGREE ATTENDING PHYSICIAN [death occurred on the date and hour and from the causes stated MEDICAL STAFF DIRECTOR PHYSICIAN COMMENT OF STAFF
TO HOSPITAL retained by the TO FUNERAL Should be detact with the State [IMPORTANT:	DAVID 2	S. Schotchter 115 Cen	Herway; Greenbeck, Ma
BP	730 BURIAL CREMATION, REMOVA (SPECEY) Burial	1 JUL 80 Columbus Mem Park	Whiteville, North Carolina
O S DHMH-16 25M (VRA 15, 4) 1/79	24 FUNERAL DIRECTOR Rober	t G. Beall Funeral Home 15 D	BIECO. BY REGISTRAR 256 REGISTRAR'S SICHATURE

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NORTH CAR	OLTNA IT	MTTEN	STATES		DI DIVORCED	Prince Geo	rge Co	ounty	MI
CITY OR TOWN OF DI	EATH [11, N.	AME OF HO	SPITAL, NURSING	HOME C	OR OTHER INSTITUTION	126 USUAL OCCUPAT) INDUSTRY	OF BUSINESS OF
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FATHER'S NAME FIRST	MIDDLE		LAST		15. MOTHER'S MAIDEN NAM	WE		LAS	St
CENERA	L	В	YNUM		ADELINE	3		GEAR	
WAS DECEASED EVE	R IN U.S. ARMED FO		SOCIAL SECURI	ON YTI	17 INFORMANT	ADDR	SS	Man	ryland
NO	(# 125, 0112 1112 01		243-28-6	200	ROY BYNUM/BRO	THER/7014	E Fore		
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underlying cou-		UE IU, UK A	S A CONSEQUEN	ICE OF				Market Street	
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190 DATE OF OPER	ATION 19	CONDITIO	ON FOR WHICH O	PERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDING CAUSES	
						YES NO TO		5 🗍	NO [
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OR CONTRIBUTING	CHOSE OF DEATH	HOUR A.M.	MONTH DAY						
(IF EITHER, NOTIFY MED		P.M.	INTUINY	19	21f LOCATION				
			FACTORY, OFFICE, FAR	M, ETC.)	STREET	CITY OF TO	VN	COUNTY	STATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20. DATE KNOWN MONIH (TYPE OR PRINT) OF ESTI-Flizabeth 19000 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD O BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) US Scotland WIDOWED . DIVORCED DOILY OR TOWN OF DEATH IMPAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE! Child care Governess USUAL RESIDENCE (IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 113b. COUNTY 13c CITY OR TOWN 22 Ridge Road Md Pro Georges YES X NO T Greenbelt 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Cameron McKeleig John 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. **ADDRESS** (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Catherine Frankenburg New York no 103 05 8849A 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) elevater Cardes Vorcelle BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF 301 W. lying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 196. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF PRIOR TO BURIAL, YES [NO . 2) a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21e PLACE OF INJURY (AT HOME 21f. LOCATION 21d. INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held an and in my apinian Autopsy Inspection Inquiry Hamicide Undetermined manner death resulted from: Natural cousts SIGNATURE EXAMINER'S NA THE NAME OF XINNERS X 10 Ft Lincoln Cemetery July 18, 1980 Brentwood Pro Georges Cremation **DHMH-17** F. Gasch's Sons Hyattsville Md (VR A15 ME (5))

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STATE OF MARYLAND

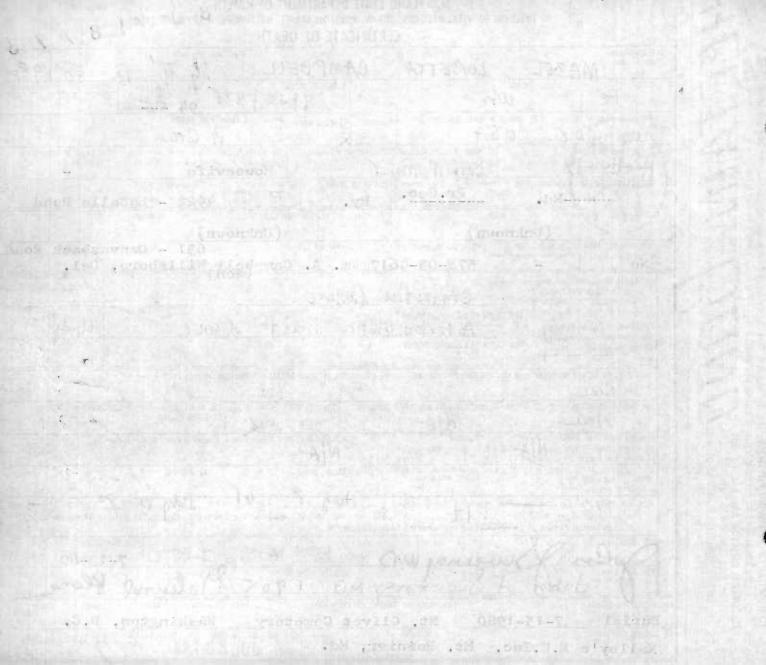
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363	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 8 7 7 2 STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH
1 11		CEASED NAME FIRST MIDDLE LAST ZO. DATE KNOWN TO MONTH, DAY YEAR ZO. HOUR
A S. S. S.	(TYF	CAMPBELL OF ESTI- DEATH MATED 7-16 1920 M
ON PRECIEE	3. SE	imale black 5-27-07 23 yrs. If UNDER 1 YR. IF UNDER 24 Hrs. 21. Date Month DAY YEAR 24 HOURS MIN. PRONOUNCED 7-16 1980 PM
NECESSA FUNERAL WITHIN	7a. B	REIGN COUNTRY? 8. MARRIED NEVER MARRIED N
I S NEC	10. C	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS
A S A P S A	1	naryland Prince Georges Hospital Housewife ORINDUSTRY
F ANY D AND 3 RETAIN HOULD	USU 13e. S	AL RESIDENCE (IF IN NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE JEFORE ADMISSION) TATE N. V 13d. CITY OR TOWN N. V 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS YES \(\text{NO XI } \(\text{ADGO WGShington} \) AUE.
PPM	14. E/	ATHER'S NAME FIRST MIDDLE LAST IS. MOTHER'S MAIDEN NAME FIRST LOVISA DAVIS
	16a. V	VAS DECEASED EVER IN U.S. ARMED FORCES? ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 106. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Land over
w & > r =		No. 1096-20-8913 Eloise G. BSON III Songuil AVE. MS. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TAL RECORDS, 301 W. PRESTON ST., II HOULD BE EXECUTED WITHIN 24 HOU RD "PENDING" IN PENCIL IN ITEM 18. USED AS A BURIAL: TRANSIT PERMIT. OF HEATTH AND MENTAL HYGIENE, D REMATION, OR REMOVAL.	NO	PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (
TAL REGISHOULD SHOULD PER CHIEF A CHIE	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 98. AUTOPSY? YES NO 100.
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KAMINER ERTIFICAT D BE FO IRECTOR: WITH THE RYLAND,		22e. I cartify that I took charge of the remains described above, held as Autopsy Inspection . Inquiry . and its my against death resulted from. Natural causes . Accident . Swicide . Homicide . Undetermined manner . ACTUAL SIGNATURE . DATE . J-16-90 M.D. Deputy . MEDICAL EXAMINER . SIGNED . J-16-90
TO MEDICAL EX EXECUTE THE C PAGE 4 SHOUL FO FUNERAL D AFTER DEATH V	1	TYPE OR PRINT AUGUSTO P. Rodriguez M.D. ADDRESS 5009 Rayburn Ct., Camp Springs, M.D.
BP	230.E	Burial July 21, 1980 Fairlawn Memorial Fairlawn, New Jersey
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STATE OF MARYLAND

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		MARYLAND STATE DEPARTMENT OF HEALTH (S)
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
793	8	CERTIFICATE OF DEATH
200		DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
The public post	(Type or print) MABEL LORETTA CAMPBELL Manth Day Year 950
- E	3. S	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years I I UNDER 14 HRS
y the Pages ours off		FC Wh 9 20 1885 last birthday YRS. MONTHS DAYS HOURS MIN
ph ph		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours stained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached far use as the burial-transit permit. Then please remave carban papers. Pagint the State Dept. at Health prior to burial, cremation, ar removal, and in any event, within 72 hours in the state Dept.	COU	Wash-Dic. USA WIDOWED DIVORCED PC. Geo.
hin 24 filled i filled i frhin 72	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b, KIND OF BUSINESS OR
with with		Housewife Manor Industry In
ampleto ve carl	13a.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before list. CITY OR TOWN list. INSIDE CITY LIMITS? 136. STREET AND NUMBER listsion) STATE 13b. COUNTY Pro-Geo-
e executed and camplet remave car		Hy. 4922 Lasaile Road
nd rem	14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
de la pe		(Unknown) (Unknown)
equires that the death certificate be exerphysician. signed by the attending physician and coburial-transit permit. Then please rema burial, crematian, ar removal, and in any		I. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes ng, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 17. INFORMANT
phy en ova		No - 578-03-4617 Wm. A. Campbell Millsboro, Del.
ing the central contraction of the central contr		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTRIVAL BETWEEN ONSET AND DEATH
eat mit. ar r		IMMEDIATE CAUSE (a) Congestive failure
att peri		DUE TO, OR AS A CONSEQUENCE OF
the sit		Conditions, if any, which gave rise to immediate cause (o), (b) Arteriosclerotic heart disease Under
tho an. by transfer creat		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
res ysici ned ial-	15	lost. (c)
ph ph sign bur bur		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
The law requires that attending physician has been signed by se as the burial-traith prior to burial, cre	NO	None
e la tendens s b as prio	E	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
a to be a to b	CERTIFICATION	10 M
YSICIAN: ospital or certificate thed for u		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
Spirit sp	MEDICAL	All either, notity medical examinent 7 P.M. 19
G PHYSICIAN: The law re the hospital or attending this certificate has been detached far use as the te Dept. af Health prior ta	2	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No / City, at Tawn County State
The the delite D		at wark at work
DIN DIN Dispay		220. I certify that (I) (this hospital) attended the deceased from 140 , 19 6, to 12, 19 80, that (I) (we) lo sow the deceased alive on 19 80, and that in (my) (our) opinion death occurred on the date and hour and from the
Ned TEN		couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth.
OR ATTENI be retained SIRECTOR: A e 3 shauld		STENDING CHED STATE SIGNED
OR DIRE		DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR 7-13-80
ral AL Day Page e fill		22d. HY SICIAN'S MAME (Type) 22e. ADDRESS 22e. ADDRESS
TO HOSPITAL OR AFTENDING PHYS Page 4 may be retained by the hosy TO FUNERAL DIRECTOR: After this cer director, page 3 shauld be detache shauld be filed with the State Dept.		gong of the first way to a formand the
Hou Fige	23a.	Burial (REMATION, PERMOYAL (Spacify) Burial 23b. Date 23c. NAME OF CEMETRY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Washington, D.C.
5 5 5 s	-	Burial 7-15-1980 Mt. Olivet Cemetery Washington, D.C.
4 100 VR A15 (4)	24.	FUNERAL DIRECTOR ADDRESS Nalley's F.H.Inc. Mt. Rainier, Md. ADDRESS ADD
45M - 1/69		Nalley's F.H. Inc. Mt. Rainier, Md. Natt 111 7. 7. 1300



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Suitland, MD

Funeral Home INC

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I		E OR PRINT)		Virgil	Cathana	20. DATE KNOWN OF ESTI-	LAN	24		2b. HOUR
ŀ	3. SEX	Jam 14 RACE	5 DATE OF BIRTH		Catterton,		МОМТН	DAY	19	M
		Male White	MONTH DAY	YEAR LAST BIRTHDA	Y) MONTHS DAYS HOURS	MIN. PRONOUNCED	7	24		2d HOUR
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l		reign country) ryland	U. S.		MARRIED X NEVER MAR	RIED Danings Co	- Company			
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	13a. S1	d• Ann	e Arundel	Lothian	YES NO	13. STREET ADDRESS St	reet			
Ť	14. FA	THER'S NAME	Websit		15 MOTHER'S MAIL	DEN NAME	- 11	-		
1		Vincent	WIDDLE	Catterton	Myrt]	e — MIDDLE	(ri:	ffit	h
	16a W	AS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECURITY		ADD	153 ls	st i	St.,	
		nk.			Hilda M	·Catterton-I	othis	m,	Md 2	0820
1		TB. CAUSE OF DEATH (Enter PART I DEATH WAS CAU	only one cause per line	for (0), (b), and (c).)	0- 1:	1- D'	5355	BE	APPROXIMAT	E INTERVAL T AND DEATH
1			IATE CAUSE (o)		ic Cardiovasc	ular Disease	4411			
1		Conditions, if any, whi		AS A CONSEQUENCE C	F					
1		gove rise to immedia	ite (b)							
1		couse (o) stating the <u>und</u> lying couse lost.	DUE TO, OR	AS A CONSEQUENCE O	F					
1		PART 2 OTHER CIGNICICANT CONDITION	(c)	BUT NOV BELLYTO TO THE TENNI	NAL DISEASE OR CONDITION GIVEN IN I					
1	Z	TAKE 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	BOT NOT KELATED TO THE TERMI	NAL DISEASE ON CONDITION GIVEN IN I	PART 1 (a).				
H	ATIC	19a. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERA	TION WAS PERFORMED?			120	AUTOPSY	7
	IFIC	ALL DINGS						1.0.	YES XX	. № П
	CERTIFICATION	210. EXTERNAL CAUSE WAS	21b. TIME O		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR P	ART 2)	153 []	NO LJ
?		UNDERLYING OR CONTRIBUTING CAUSE C		A. MONTH DAY YEAR	A TOTAL STORY					
	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,	21f. LOCATION	Taylor Ballery				
	X	AT WORK AT WORK	STREET, FAC	TORY, FARM, ETC.)	STREET	CITY OR TOWN	CC	OUNTY		STATE
		22a. I certify that I took cho	arge of the remains de-	cribed above held on	Autopsy XX. Inspecti	ion , Inquiry ,	ond in my o	ninion		
		Mary Control of the C	tural causes XX			Undetermined monner].	panion		
		death resulted from: Natural causes XX. Accident, Suicide, Homicide, Undetermined monner,								
		ACTUAL SIGNATURE VUSI	ma LDo	lan	Assista	nt MEDICAL EXAMINER	DATE		7-25	5-80
2		EYAMINED'S NIAME					EU-C.			
1		EXAMINER'S NAME (TYPE OR PRINT)	irginia L.	Dolan, M.D.		111 Penn Stre	et			
	23a. Bl	JRIAL, CREMATION, REMOVAL	23b. DATE		ETERY OR CREMATORY	23d. LOCATION	col	UNTY	S'	TATE
1		Burial	7/28/80	Mt.Zion	Cemetery	Lothian (Ann	10 Ari	und		Md.
	Ri	ineral director Conard A. Co	leman ADDRESS	Upper Marl Maryland 2	boro, 250. DATE	1 00 1000 15	EGISTRAR'S		-	
l	Fu	neral Home		Maryland 2	00/02 100	1311 1981	2244/	ral	resolu	

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Funeral Home.

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				STATE OF MARYLAND	13	1 0 1	0 0		
	1.	FOR STATE REGISTRAR	DEI	ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO	10/	0 0		
	1 DE	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	ONTH DAY YEAR	2b HOUR		
1	, , , , ,	MARG	ARET B. C	HEWNING		07-29-80 10:00			
My.	3 SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MRS			
	F	'emale	White	8-1-1915	64	YRS MONTHS DAYS	HOURS MIN.		
ë	7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR				
:70		o.Carolina	U.S.A.	WIDOWED DIVORCED	PRINCE GEORGE'S COUNTY				
14		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF HOUSEWI:	WORKING LIFE) INDUSTRY	OF BUSINESS OF		
25	USU 13a	AL RESIDENCE (IF NURSING HOME CONTACT AND	ROTHER INSTITUTION, GIVE RESIDENCE INTY 134 CITY OF Chil			nillum Rd.			
1	14 F/	ATHER'S NAME FIRST John	I. Bradh		NAME	L. Eller	ast		
medicalexam	160 \	WAS DECEASED EVER IN U.S. A		SECURITY NO. 17 INFORMANT		Allred Same as a	harra		
edic	(VE WAR OR DATES)	16-3651A Tracy M.	Charminal	Trahend)	above		
the n	-	18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS			11.7		XIMATE INTERVAL LONSET AND DEATH		
, or other traumatic		Conditions, if ony, which gave rise to immediate cause iou, stating the underlying cause last	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	SEQUENCE OF SECULENCE OF	y Thrombos	US ITION GIVEN IN PART 1			
njury	Z	Circha	und lever	Chroner Pulmon	/ //		(d		
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	HICH OPERATION WAS PERFORMED		206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?		
9		210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER		DAY YEAR	URRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)			
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
		220 I certify that (I) (this hosp saw the deceased alive a above, (I) (we) (did) (did n 22b. SIGNATUR:	- /1 A	ond that in (my) (aur) apini DECREE ATTENDING	an death accurred on the dat	22c. DAT	that (I) (we) lose causes stated		
TANT		224 PHYSICIAN'S NAME (1996)	ON PRINT)	22e ADDRESS			15		
P S +		•							
IMPORTANT:	23a !	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CEMETERY OR CREMATOR	23d. LOCATION	COUNTY	STATE		
IMPOR I	(BURIAL, CREMATION, REMOVA SPECIFY) Burial	23b. DATE 8-2-1980	Ft. Lincoln Cem.	CITY OR TOWN	county od Pr.Geo	state Md.		

O S S I C Bendan S S S S D to the second partition of the second partition and the second partitio will detail the state of the st Cheerley Instrument & comes and adjusted publication of the second of t telegraphy of the control of the con

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE FOR - STATE REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE KNOWN A MONTH LIYPE OR PRINTI OF 19 8 DEATH MATED DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED X DIVORCED 126 KIND OF BUSINESS OR INDUSTRY OR TOWN OF DEATH MAN OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION INSURANCE HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST , MIDDLE MIDDLE FIRST OWDEN 166 SOCIAL SECURITY NO. ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) NO NONE APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per life for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise ta immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19e. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARTMENT OF YES NO B 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK Autopsy and in my apinian 22e. I certify that I took charge of the remains described above, held an Inspection Hamicide Undetermined manner death resulted from: TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARYLA 25e. DATE REC'D. BY REGISTRAR 125b. REGISTRAR'S SIGNATUR **DHMH-17** (VR A15 ME (5)) 15M 7/76

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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1	- STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.				
	ECEASED NAME E OR PRINT)	FIRST		MIDDLE		AST	20 DATE OF D	DEATH MONTH	DAY	YEAR	2b. HOUR	
		Morry		ROBERT		ohen		July	20	/	9:05	_
3. SE			4 RACE		5 DATE O		6. AGE (IN YEAR	RS LAST BIRTHDAY)	MONT	HS DAYS	IF UNDER 24 I	HRS
	MALE		WHIT	E	JAN	1. 18, 1915	65	YRS		, is	THOUSE IN	
7a. B	IRTHPLACE (STATE	OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	NEVER MARRIED	9 BALTIMOR	ECITY OR COUN	TY OF	DEATH		
	MASS.		US.	A	WIDOWE		PRINC	E GEORGE	SC	0.		MD
10 C	ITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	17a USUAL O	CCUPATION OR MOST OF WORKING		2b. KIND O	F BUSINESS	OR
	Riverdale		Eugen	e Leland	Memor	ial Hospital	SELF	-EMPLOYE	D		INTIN	G
13a.	AL RESIDENCE (IF STATE MARYLAND	13MCOUN	OTHER INSTITUTION	WHEATON	ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET AU 12009	VERS MIL	LS	RD.#	20906	9
14 F.	ATHER'S NAME		WIDDLE	TZAL		15 MOTHER'S MAIDEN NA	ME	WIDDIE	1	LAS		
	ABRAH	A-M		CÔHEN		ANNA		Miodit	1	ICKE		
	WAS DECEASED E		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT MR.	HARVEY	COPIEN				_
-	YES		T-ARMY	217-01-0	593	5827 FALKIRK	RD.	BALTO.,	MD	2123	9	
	T			line for (0), (b), opp	Ic.i	04	1 1		T	APPROXI	MATE INTERVAL	ATH
	PART I. DEAT	H WAS CAUSE	Ď BY: TE CAUSE (a)		andi	oghic Sh	rek					
	2500	MMEDIA			NGE OF	00	1	0				
	Conditions, if	ony which	DUE 10, OI	r as a conseque	NCE OF	ashira	ion 1	neumon	ic			
	gove rise to	immediate	101			12		1 -				
	underlying co		DUE 10, OI	r as a conseque	NCE OF E	r'abelle en	It Cans	Micetin				
	PART 2 OTHER :	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	OR CONDITION C	SIVEN I	N PART 10)	=
CERTIFICATION												
CAT	196 DATE OF OF	ERATION	196 CONDI	TION FOR WHICH	PERATIO	N WAS PERFORMED	200 AUTOP			RE FINDIN	GS USED	
TIE	7/18	180	Deb	2 denet			YES	NOTE	YES []	NO [
CER	210. ACCIDENT WA	S UNDERLYING	216 TIME O	f Injury		21c HOW INJURY OCCUR	RED (ENTERNATU	RE OF INJURY IN ITEM 1	8, PART 1	OR PART 2)		
ICAL	OR CONTRIBUTING			M. MONTH DA	Y YEAR							
MEDIC	214 INJURY OCC		21e PLACE	OF INJURY		211 LOCATION						
×	WHILE NO	OT WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, FA	ARM, ETC)	STREET		CITY OR TOWN	(OUNTY	STATE	1
			all attended the	e deceased from	7/	4/ 10 80	10 7/	181	19	8)	that (I) (we) lost
		eosed plineten	1 mm 1 1 1 4	19	800	nd that in (my) (our) opinion	death occurred	on the date and h	our on	d from the		,
1	226. SIGNATURE		The body	Grer death,		DEGREE				22c. DATE	SIGNED	
		NIMIT	2	100		ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN		7/2	0/80	
1	22d. PHYSICIAN					22e ADDRESS	1					
	ABRAH	HAM .	DEBELL	1		4404 QUE	ENSDUR	y Ro. K	IVE	ROAL	E.M	D
23 a.	BURIAL CREMATI		23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d. LOCAT	ION	COU		STATE	
	BURI	AL	7/22/	80 SW	INICH	HER WOLINER BE	ENEV. AS				MARYL	AN

DHMH - 16 50M 1/76 (VR A 15 (4)) 24 FUNERAL DIRECTOR SOL LEVINSON & 6010 REISTERSTOWN RD.

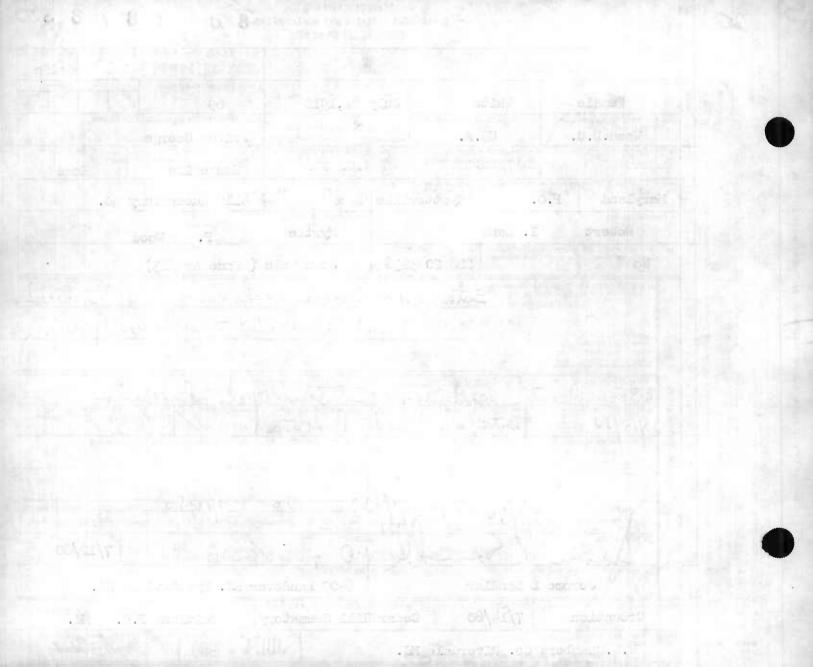
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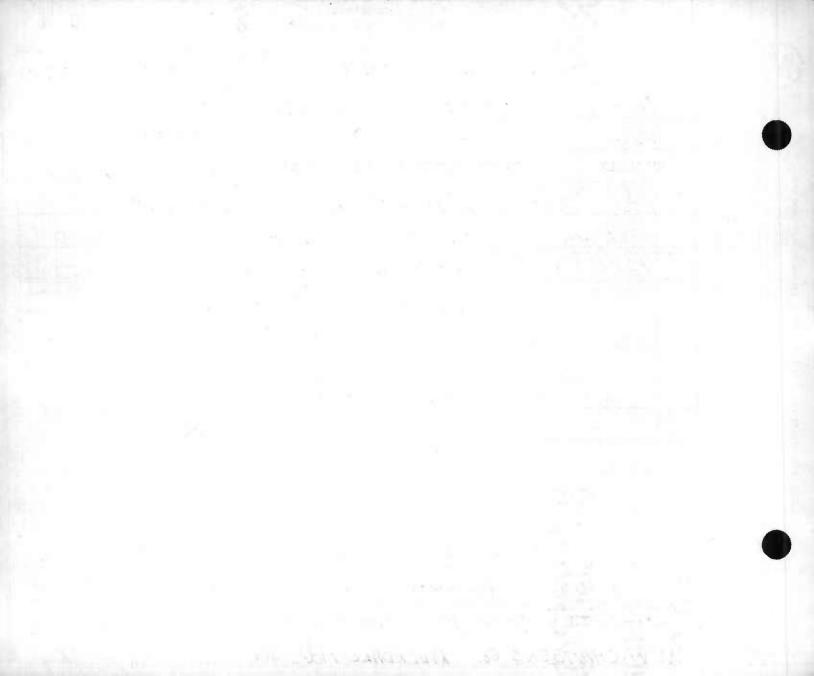
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BALTIMORE MARYLAND

- UL 2 & 1980 Signification of



STATE OF MARYLAND



. 1.	FOR STATE		TH AND MENTAL HYGIEN S CERTIFICATE OF DEA	TO I	7 8 5
	REGISTRAR ECEASED NAME PEOR PRINT) RICHARD	WIDDLE	NGWOOD	REG. NO. 20. DATE KNOWN MONTO OF ESTI- DEATH MATED 7	- 9 19 80 A
3, 51	X [4. RACE , 5. I	DATE OF BIRTH 6. AGE (IN YEARS	UNDER 1 YR. IF UNDER 24 HRS.	2c. DATE MONTE	9 1980 AM
1	OREIGN COUNTRY) Pennsylvania	U.S.A. with	ARRIED NEVER MARRIED O	Drunce (1200	yes. MO
17	JAL RESIDENCE (# 19 19 19 19 19 19 19 19 19 19 19 19 19	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	rocal Hora & AOR	UAL OCCUPATION (TYPE OF WOR MOST OF WORKING LIFE) 1b. Tech.	Pairchild
13a	STATE IS OUNTY Frede:	13c. CITY OR TOWN	YES X NO 1 65		
	Edward	Collingwoo		Stine C.	Williams
160.	WAS DECEASED EVER IN U.S. ARMED (YES, NO, OR UNKNOWN) Yes Korea	OR CATES)	31 Gloria Ann	ADD Way, Collingwood	Fred.MD, 65 Apple
	Conditions, it any, which gave rise to immediate cause (a) stating the <u>underlying cause lost.</u>	(b) DUE TO, OR AS A CONSEQUENCE OF (c)			
CERTIFICATION		TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL B			28. AUTOPSY?
		HOUR A.M. MONTH DAY YEAR	c. HOW INJURY OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18 PART 1 OF	YES NO RPART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22e. I certify that I took charge of death resulted from: Natural of ACTUAL SIGNATURE		TITLE (SPECIFY) Deputy	Inquiry , and in my termined manner ,	- C D
	(Ultracionality)	to P. Rodriguez M.D.	ADDRESS	urn Court, Camp	Springs, Md.
	BURIAL CREMATION, REMOVAL 23b (SPECIFY) Burial 7	/12/80 Mt. Oliv	et Cemetery Fr	cederick Fre	ed. MDATE
(SDStauffer, Rt.1	0, Box 66, Fred.,		7 1980 Rota	McCredo

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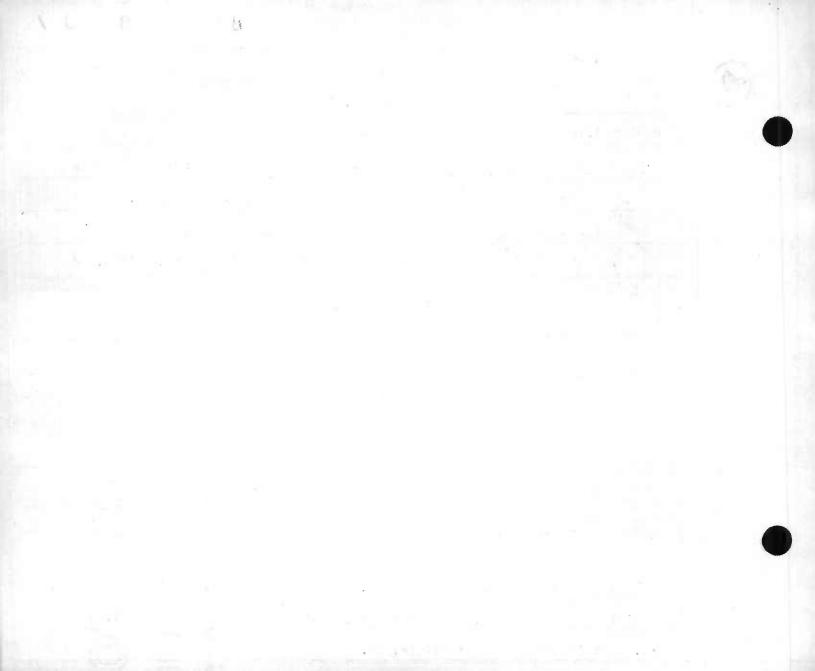
	1	FOR - STATE REGISTRAR		DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIEN	() REG. NO.	8	/ 8	6
3 71		CEASED NAME FIRST LILIAN	Armst:	MIDDLE	6.0	LLINS	20 DA	TE OF DEATH MO	7-08		1035
м м м	3. SE	x Female	4 RACE		S. DATE C	DE BIRTH		(IN YEARS LAST BIRTHDA	MON	JNDER I YEAR	FUNDER 24 HRS
oth Pog		IRTHPLACE (STATE OR FOREIGN OUNTRY)		F WHAT COUN	TRY? 8	NEVER MARRIED	9 BALT	ince Ger			
11 100	10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NU	RSING HOME	OR OTHER INSTITUTION	12a US	UAL OCCUPATION WORK FOR MOST OF WO	ORKING (IFE)	126 KIND OF I	MD BUSINESS OR Home
ma 135	130	AL RESIDENCE (IF NURSING HOME STATE 136 CH		N GIVE RESIDENCE			S? 13e 5I	REEL ADDRESS BOX	37		
mpletely ond 2 sh	l4 F/	ATHER'S NAME FIRST UNAVIABLE	WIDDLE	Jones		15. MOTHER'S MAIDEN	NAME	MIDDLE	Н	itch	
Poges 1	16a V	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) IIF YES, G	ARMED FORCES? EIVE WAR OR DATES)		6-7668	Paul J.	Colli	ADDRESS NS Same		.3	
n signed by the ottending. Then please remove corbor to buriol, cremotion, or rer injury, or other troumotic ex	NO	Canditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last	(b) DUE TO, C (c)	OR AS A CONS	EOUENCE OF	HE and in				minu	
ite has been nite has been nite permit. I regione prior shows only if	CERTIFICATION	190 DATE OF OPERATION	HE COM	TION FOR WE	HICH OPERATIO	N WAS PERFORMED	20a. YES	/	96. IF YES, W V CERTIFYIN YES [VERE FINDING NG CAUSES O	S USED F DEATH? NO
FUNERAL DIRECTOR. After this certification of the benefits of the benefits of the benefits of the benefit of th	MEDICAL CER	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D IN ENTHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK 220. I certify that (I) (this has sow the deceased alive above (II) well did (Id.) 22b. SIGNATURE 22d. PHYSICIAN SNAME [TYPE	PLACE (ATHOME.S) Place (ATHOME.S) pital) ottended 1		fice, farm, etc.)	1220 ADDDESS	CURRED (EN	CITY OR TOWN	19. ond haur ar	COUNTY	STATE of (1) (we) last uses stated
TO FUNE should be with the S	23o. 1	BURIAL, CREMATION, REMOVA	236. DATE 7-11			emetery or cremator	ORY 23d.	LOCATION CITY OF TOWN	Chard	les, M	d STATE
H- 16 50M 7/77 VR A 15 (4))		ntt Funeral	Home W	laldori	, Mary	land 250	A REE'T	BY TO FRAR 25	REGISTRA	NULL PORTE	7

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all mild in it	s Alexandra Alexandra			red tenil		BOTOS	
	OF	x-1139 #	to I los	that cabital			
dog in				noC	Oda Lys	THU ST	
	sepa sazija					OW	
		1. Tree					

TTENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours often

	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH		G. NO.	8 /	8 /
	ECEASED NAME	FIRST	MIDDLE	ŧ.	AST	20 DATE OF DEA		DAY YEAR	2b. HOUR
		FLORA		CO	ME		07	01 80	8:15A
3 S		4. R/		S. DATE C		AGE (IN YEARS L	AST BIRTHDAY]	MONTHS DAYS	
	female		vhite	Oct	5, 1899 TEAR	80	YRS		TOOKS MIN
7a. N	BIRTHPLACE (STATE OR FO	REIGN 76 C	US A	MARRIEI WIDOWE	DE NEVER MARRIED DE DIVORCED	9 BALTIMORE C	ITY OR COUNT		M
10.0	CHEVERLY		NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET RINCE GEORGI	ADDRESS]		17a USUAL OCCI	MOST OF WORKING	LIFE) INDUSTRY	OF BUSINESS OF
USI 13e	JAL RESIDENCE (# NURSH STATE Md		R INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	134. INSIDE CITY LIMITS?	13 SIREET ADDI	erson S	t.	
14. F	ATHER'S NAME FIRST Alphon	se Chag			IS MOTHER'S MAIDEN NAME FIRST Mate	MIC	agnon	y L	AST
1 160	WAS DECEASED EVER I (YES, NO OR UNKNOWN)	N U.S. ARMED (IF YES, GIVE WAR			17 INFORMANT Gloria (Going	Hyatts	ville,	Mđ
			ie couse per line for 101, 161, or	hus	1:01	e 0-		BETWEEN	XIMATE INTERVAL NONSET AND DEATH
	Conditions, if ony, gove rise to imm couse 101, stating underlying couse	which dediote	DUE TO, OR AS A CONSEOU (b) AS A CONSEOU	D	/				
z o	PART 2 OTHER SIGN	FICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION G	IVEN IN PART I	101
9 IFICATI	190 DATE OF OPERAT	ION ,	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CERT	ES, WERE FIND	S OF DEATH?
AL CERTIFICATION	190 DATE OF OPERAT 210 ACCIDENT WAS UNDER OR CONTRIBUTING C.	ERLYING AUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	N WAS PERFORMED	YES NO	IN CERT	TIFYING CAUSE YES []	
MEDICAL CERTIFICATE	21g ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTION CONTRIBUTION OF CONTRIBUTION CO	ERLYING AUSE OF DEATH LEXAMINER)	216. TIME OF INJURY	AY YEAR		YES NO	IN CERT	TIFYING CAUSE YES []	S OF DEATH?
	218 ACCIDENT WAS UNDER OR CONTRIBUTING COME CONTRIBUTING COME CONTRIBUTING COME COME COME COME COME COME COME COME	ERLYING AUSE OF DEATH L EXAMINER) ED (this hospitol) of cholive on	216. TIME OF INJURY HOUR A.M. MONTH D P.M. 216. PLACE OF INJURY	AY YEAR 19 FARM, ETC.)	21c HOW INJURY OCCURR	YES NO NO CITY OF THE COLOR	OF INJURY IN ITEM 18	COUNTY	S OF DEATH? NO STATE , that (i) (we) los
	21a ACCIDENT WAS UNDER OR CONTRIBUTING COME CONTRIBUTING COME CONTRIBUTING COME COME COME COME COME COME COME COME	ERLYING AUSE OF DEATH LEXAMINER) ED (this hospital) of challing and	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, bittended the deceosed from 19	AY YEAR 19 FARM, ETC.)	211 LOCATION 211 LOCATION STREET 19 5 7 and that in (my) (our) opinion of the company of the company opinion	YES NO NO CITY OF THE COLOR	OF INJURY IN ITEM 18 OR TOWN The date and ha	COUNTY	S OF DEATH? NO STATE , that (i) (we) los
	21a ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER, NOTHY MEDICA 21d INJURY OCCURR WHILE NOTHY AT WORK AT WOR 220.1 certify that (1) saw the decesses obove. (1/5/we) (6)	ERLYING AUSE OF DEATH LEXAMINER) ED (this hospital) of the control of the contr	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, with bedy offer death.	AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCURR 211 LOCATION STREET 19 5 7 and that in (my) (our) opinion of OPEGREE	YES NO NO CITY NO MEDICAL DIRECTOR P	OF INJURY IN ITEM 18 OR TOWN The date and ha	COUNTY 19 COUNTY 19 COUNTY 22c. DAT	STATE , that (i) (we) los e couses stated

STATE OF MARYLAND



V	1.	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	IENB U	18/	8 8
oge 3		CEASED NAME FIRST OR PRINT) GOORGE	MIDDLE		ntee		MONTH DAY YEAR 7/25/50	26 HOUR 5:10/LM
tar, poo	3. SE		1 RACE Black	S. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	
Pogo Carre	Jo. BI	RTHPLACE (STATE OR FOREIGN DUNTRY) Marvland	76 CITIZEN OF WHAT COU	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	OR COUNTY OF DEATH GOORGO, S	
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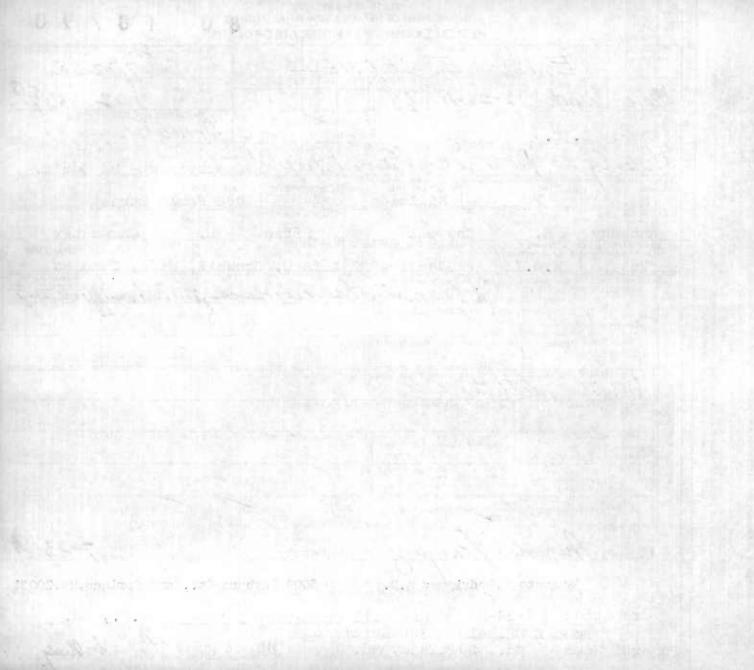
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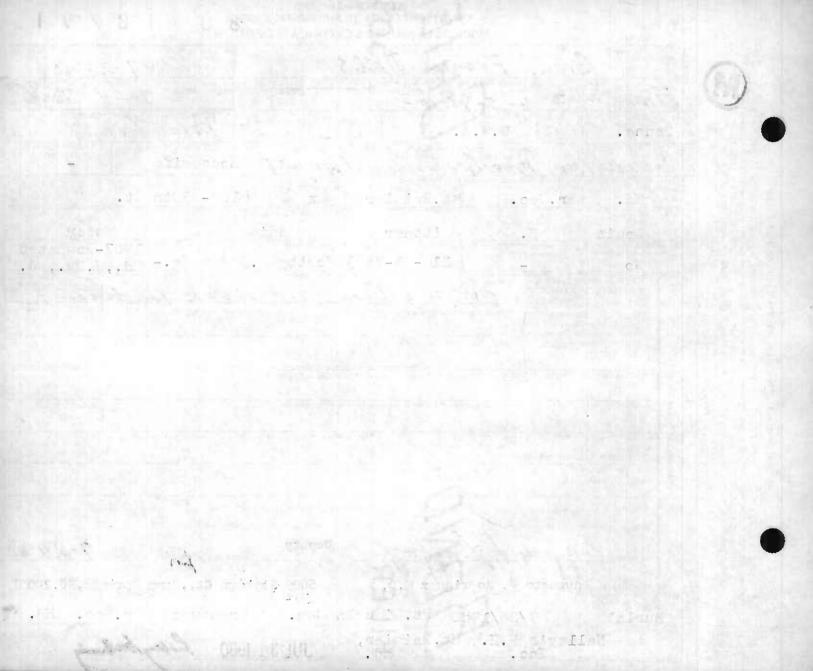
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE = STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME O. DATE KNOWN A MONTH LIVING CONTRIBUTO OF ESTI-IF LINDER 24 HRS DATE PRONOUNCED DEAD W. BIRTHPLACE INVATE OF 9. BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Wash., D. C. USA WIDOWED DIVORCED 120, USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS TANAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Supervisor - US Gov't. ISUAL RESIDENCE WHILESING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Us STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Hillside Md. PG YES [NO [5000F Fable Street 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Anthony Crowell Effie M. Carpenter 17. INFORMANT ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Above IYES NO OR UNKNOWNI I HE YES, GIVE WAR OR DATES) W.W.II 578-38-4032 Alfa C. Crowell, Wife, Same as Yes 18. CAUSE OF DEATH (Enter only one cause parties PART I DEATH WAS CAUSED BY 1 theele IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 9n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210. EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinion Inquiry death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) SE 4 STATE FUNERAL F Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Augusto P.Rodriguez M.D. ADDRES 5009 Rayburn Ct., Camp Springs, Md. 20031 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23r. NAME OF CEMETERY OR CREMATORY Cremation 7-24-80 Cedar Hill Crematory Suitland P.G., Md. 24 FUNERAL DIRECTOR Robt E Wilhelm 4308 Suitland **DHMH-17** (VR A15 ME (5)) Rd., Suitland, Md. Funeral Home 15M 7/76

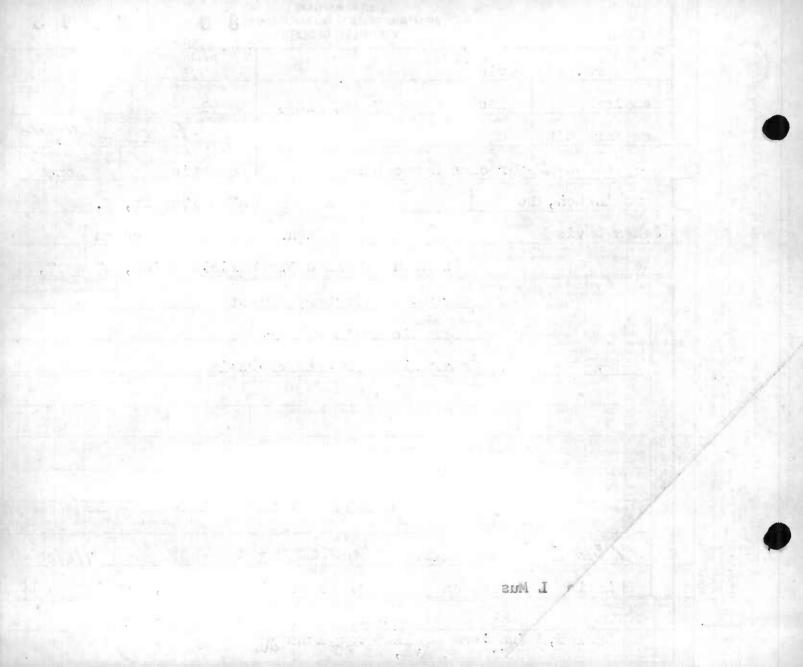


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Trace. ancos DEATH MATED DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Penna. U.S.A. DIVORCED 10. CITY OR TOWN OF DEATH I NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE HOUSEWII OR INDUSTRY 13c CITY OR TOWN
Mt.Rainier 130-STREET ADDRESS Oth St. 13a. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? Pr. Geo. Md. YES X NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE FIRST LAST OF VIT Bittner Minnie Woder Louis 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7. INFORMANT (YES, NO, OR UNKNOWN) 214-01-7683 Worthy No CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Jeno Schucke anded Vaseu IMMEDIATE CAUSE (of DUE TO, OR AS A CONSEQUENCE OF anditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF DEPARTMENT OF YES [] 71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.1 STREET STATE CITY OR TOWN COUNTY 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Accident Hamicide Undetermined manner death resulted fram: Natural causes DEPRECIEA) EXECUTE.
PAGE 4 SHC.
TO FUNERAL DIP
AFTER DEATH, V MEDICAL EXAMINER EXAMINER'S NAME ADDRES 5009 Rayburn Ct., Camp Springs, Md. 20031 23c. NAME OF CEMETERY OR CREMATORY 23a. SURIAL, CREMATION, REMOVAL 23b. DATE SPECIFY) Pr.Geo. Md. Ft.Lincoln Cem. Brentwood Burial 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE. **DHMH** - 17 F. Hopess Mt. Rainier. Naldey's VR A15 ME (5)) 15M 7/76

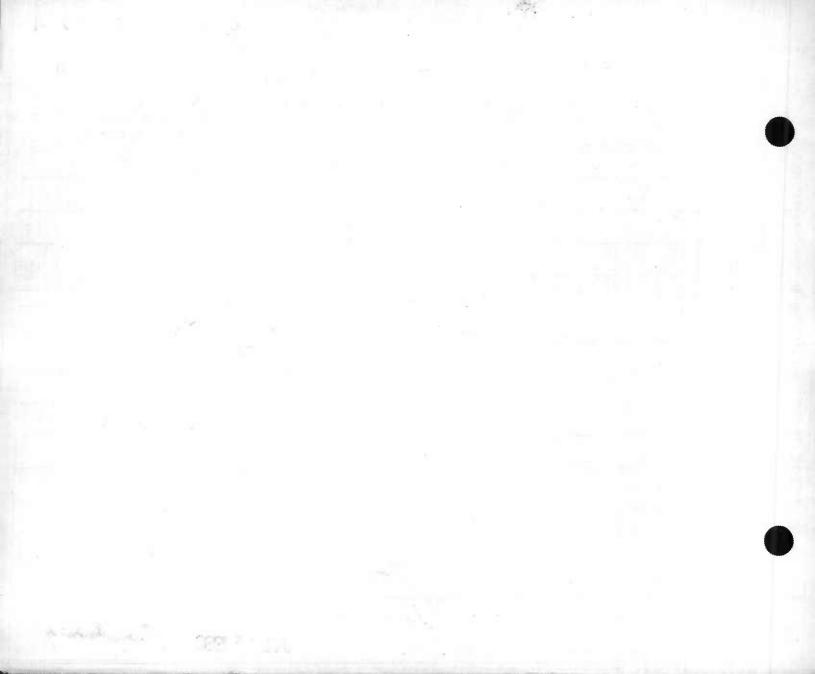


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O. DATE KNOWN AMONTH (TYPE OR PRINT) OF harlene DEATH MATED IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD **LBALTIMORE CITY** OR COUNTY OF DEATH MARRIED A NEVER MARRIED U.S.A. WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH LAVAME OF HOSPITAL MURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION LITTE OF WORK KIND OF BUSINESS OR INDUSTRY Secretary Paper Co. USUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONS 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY New Carrollton YES X 7611 Riverdale Rd. Maryland Pr. Geo. NO 🗌 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Whitmer Otho Franklin Armentrout Thelma 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. WITH FOR (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 227 28 6536 James E. Daugherty Same as # n/a no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line 16 (a), 16), and (c).) Artero Selvolu Coldes vasen PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION OF HEA 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 70. AUTOPSY? DEPARTMENT OF PRIOR TO BURLAL, YES NO A 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 23 220. I certify that I took charge of the remains described obave, held an Autopsy Inspection & Homicide Undetermined monner death resulted from Notural causes TITLE (SPECIFY) Deputy MEDICAL EXAMINER SIGNATUR Augusto P. Ronviguez M.D. 5009 Rayburn Court, Camp Springs, Md. TYPE OR PRINT 230 BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Alexandria, Virginia Metropolitan Crematory 22 JUL 80 Cremation w Dellian 24. FUNERAL DIRECTOR Reall Funeral **DHMH-17** (VR A15 ME (5)) 15M 7/76

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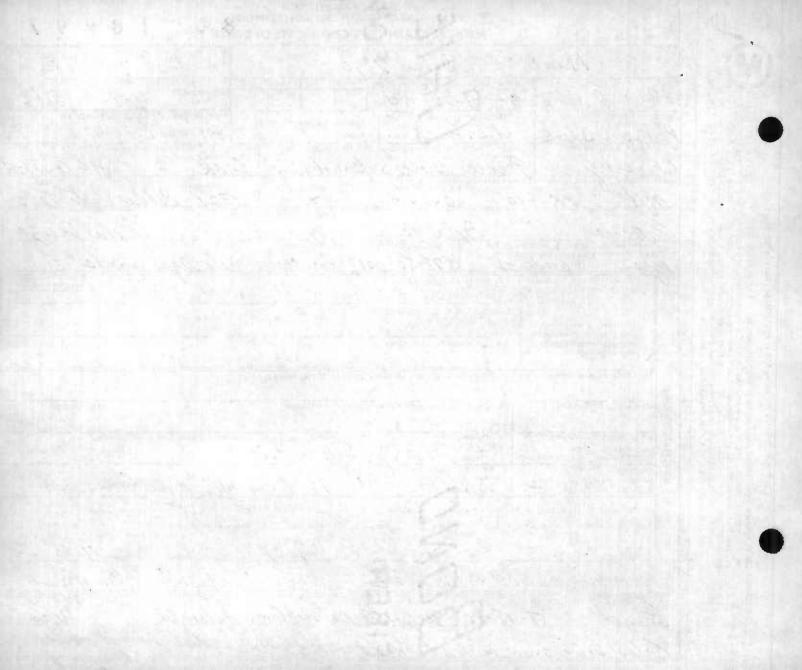


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEM - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Maurice OF ESTI-DEATH MATED 6 AGE IN YEARS IF UNDER 1 YR. DATE PRONOUNCED DEAD 9. BATIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED 126. KIND OF BUSINESS 13d INSIDE CITY MMITS? OFVITAL 14. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c). BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY IMMEDIATE CAUSE (a HYG DUE TO, OR AS A CONSEQUENCE OF Canditions, it any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. 00 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E DEPARTMENT OF I 90 YES NO [210. EXTERNAL CAUSEWAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR UNDERLYING MEDICAL 198 CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21E LOCA WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an and in my apinian TO FUNERAL DIRECTOR.
AFTER DEATH, WITH THE
BALTIMORE, MARYLAND, death resulted fram **DHMH - 17** (VR A15 ME (5)) 6,60 0xon Hill Rd. oxon Al. 15M 7/76



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE REGISTRAR L DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF Louraine DEATH MATED IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED DEAD 42YRS 9. BALTIMORE CITY OR COUNTY OF DEAT 70 BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X Centerville. Md U.S.A. WIDOWED | DIVORCED I NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION domestic Suitland. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST MIDDLE MIDDLE FIRST Rito Conver Viola DeShields 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) LIE YES GIVE WAR OR DATES! Tony Whittio(Son) 4824 Eastern Ln unknown no 18 CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c).) Jenos elewher Cardid Vorcula PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A. CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 19a DATE OF OPERATION YES | NO [TO BURIAL 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21d INJURY OCCURRED THE PLACE OF INJURY (AT HOME. AT WORK AT WORLE STATE CITY OR TOWN STREET, FACTORY, FARM, ETC.) 220. I certify that I took charge of the remains described above, held on Autopsy and in my opinion Inspection Homicide Undetermined manner death resulted fram: Natural couses Suicide TITLE (SPECIFY) TO FUNERAL DAFTER DEATH, SALTIMORE, MA Deputy_MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME ADDRESS 5009 Rayburn Ct., Camp Springs, Md. ugusto P. Rodri 73g BURIAL, CREMATION, REMOVAL 07 26/80 Chesterfield Cemetery Centerville, Md burial DATE REC'D. BY REGISTRAR 21 AR'S S GNATURE Lemuerl R. Woodfork1722 No. Can. **DHMH-17** (VR A15 ME (5)) 15M 7/76

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME a. DATE KNOWN (TYPE OR PRINT) OF ESTI-MINNIE SEX AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE AST BIRTHDAY) PRONOLINCED 04 78 YRS DEAD 3.50 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S. No. Carolina WIDOWED X DIVORCED PRINCE GEORGES 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY RIVERDALE LELAND MEM. HOSPITAL RETIRED NONE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS PG BLADENSBURG YESY 5999 EMERSON ST NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE Virginia Moore West James 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 187 Wayson's MobileCt 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES! Lapian, Md. 219 56 0749 Juanita Haynes, No 18. CAUSE OF DEATH (Enter only one cause per lime for (p), (b), and (c). PART I DEATH WAS CAUSED BYlevitie aarely Wascular DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. III. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion death resulted from: Homicide Undetermined monner Notural causes Accident TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez M.D. ADDRESS 5009 Rayburn Ct., Camp Springs, Md. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY July14,1980 Ashlawn Garden of Mem. Asheville, N.C. Pearson's Funeral Home FallsC hurch, Va. 22046 **DHMH** - 17 (VR A15 ME (5)) 15M 7/76

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STATE OF MARYLAND FOR - STATE REGISTRAR REG. NO DECEASED NAM 20. DATE KNOWN 7h HOUR OF DEATH MATED IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD MARRIED NEVER MARRIED Maryland U. S. WIDOWED DIVORCED POLAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK Waitress Marlow Hghts Md. Pr.Geo's 13e STREET ADDRESS 2900 St. Clair Drive 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Mildred Frances Lerov Duvall ADDR 2900 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No John L. Di Agostine-Marlow Hghts. Md. 18. CAUSE OF DEATH (Enter only one couse per lip for (9), (b), and (c).) lustre aprolet Vaseulo-PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES [NO 2 DEPARTMENT 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME II. LOCATION 214 INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy ond in my opinion Notural causes Homicide Undetermined monner TALE (SPECIFY) ACTUAL SIGNATUR PAGE 4 SHOU TO FUNERAL (AFTER DEATH, BALTIMORE, M. MEDICAL EXAMINER 7/21/80 Cheltenham Vets Cem. Cheltenham (Fr. Geo's) Md. -Upper Marlboro Maryland 20870 Coleman (VR A15 ME (5)) uneral Home 15M 7/76

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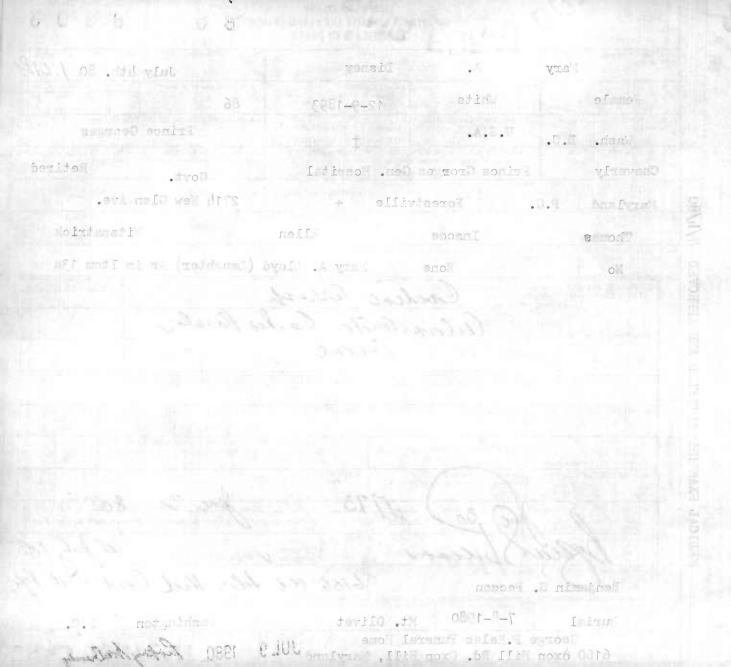
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(VR A 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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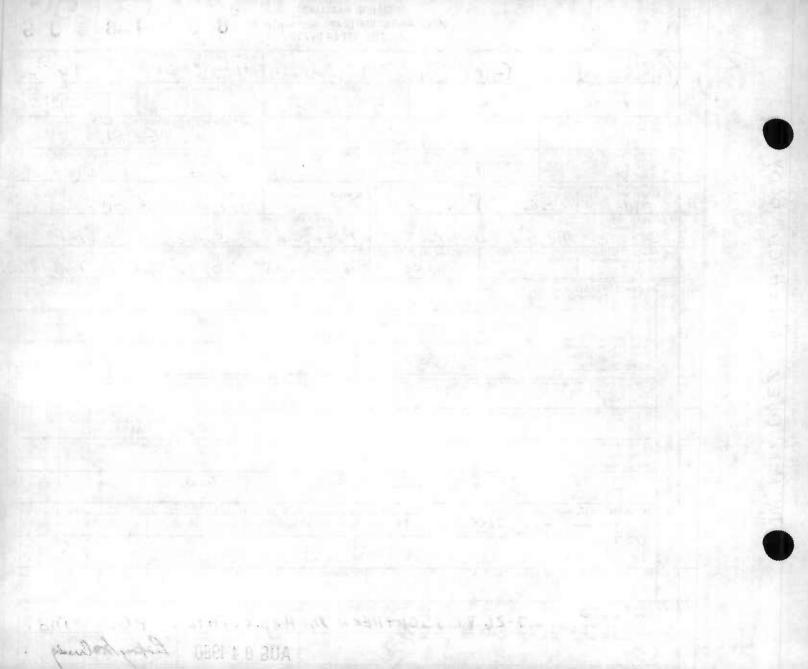
STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEME - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 22 19 8 LOUTS DOBAK 4 RACE AGE IN YEARS DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) RONOUNCED pm DEAD 7/22/80 19 08/27/1900 79YRS Mele 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY! Hungary U. S. A. DIVORCED ID. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION CCUPATION (TYPE OF WORK HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) U. S. A. X-Ray Tech. U. S. Governer DRDS, SOUTHERN MD. HOSP. CENTER 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Prince George Temple Hills 5620 Lambert Drive YES X NO [] OE VITAL 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Adolph LAST Alexander Amelia Raab Debak 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Temple Hil (YES NO OR UNKNOWN) (IF YES, CIVE WAS OR DATES) Evelyn M Dobak 5620 Lambert Dr., Md. 577-09-0437 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c). teno relatore aureliotoscular distance PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19e. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES [NO F 3 SHOULD BE DEPARTMENT BURL 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218. PLACE OF INJURY (AT HOME 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fram: Suicide Hamicide Undetermined manner Natural causes TITLE (SPECIFY) CEE 4 SHOULD FUNERAL D M.D. Deputy SIGNATURE EXAMINER'S NAME Augusto P. Rodriguez M.D. 5009 Rayburn Ct., Camp Springs, Md. TYPE OR PRINT) AFT AFT 230 BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATOR' Burial 7/24/80 Cedar Hill Cemetery Suitland Prince George Md 25e. DAT DOYNEG SHE 24. FUNERAL DIRECTOR DHMH - 17 George P Kalas F. H. 6160 Oxon Hill Rd Oxon Hill (VR A15 ME (5)) 15M 7/76

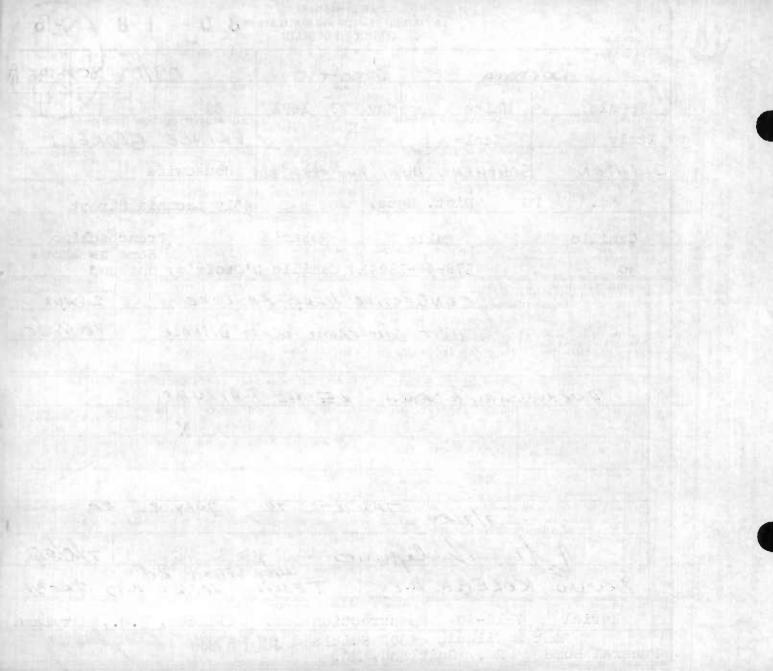
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DIVISION DING PH Ittending Is the burit	marked o	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		ORTOWN	COUNTY	STATE
LOR ATTEN e hospital or a ched for use a Dept. of Hea	If Item 21 is		220.1 certify that (I) (this hasp saw the deceased alive ar above/(I) (we) (did) (did no 22b. SIGN A.)	7/=	25 19		, 19 9 condition (my) (our) opinion DEGREE	., 10	the date and hav		
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Rd., Suitland, Md.

Funeral Home



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and co		Ido WA (YES,	DECEASED EVER	IN U.S. ARA	AED FORCES?		SECURITY NO.	17. INFORM	MANT		ADDRES	120)1-Har	rison	
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rysicion. cote has been signed by the attending physician to promit permit. Then please remove corbonpor applyatione prior to buriol, cremotion, or remove. B shows any niury, or other froumptic event.	9	TIFICATION 6	PART I. DEATH W Conditions, if ony gove rise to imi rouse 10), stofir rouse 20), stofir rouse 20, stofir rouse 10, stofir ro	, which mediate ag the lost.	DUE TO. ((b) DUE TO. ((c) OPDITIONS 196 CONI	DITION FOR WE	TO DEATH BU	N WAS PERF	Cler	200 AUT	OPSY?	20b. IF YES	S, WERE FIND YING CAUSE S		
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ond Mentol		EDIC 2	IF EITHER, NOTIFY MEDIC INJURY OCCUR WHILE NOT W WORK AT WO		21e PLACI	P.M. E OF INJURY STREET, FACTORY, OF	FICE, FARM, ETC.	211 LOCAT STREE	ION T		CITY OR TOWN	N	COUNTY	STATE	
S. Afi		123	0.1 certify that (1)	(this hospit	ol) ottended t	the deceased fr	om	18	1978	, to	7/3	1	19_80	, that (1) (w) lost	
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		230. BUF (SPE	IAL, CREMATION,	REMOVAL	23b. DATE	1980	23c NAME OF Union		CREMATORY	-	ORTOWN		COUNTY	STATE	
BP		24 FLIN	Burial ERALDIRECTOR	NT - 7 7							esbur	500	DEED OF	Va.	
H - 16 50M 7/77 VR A 15 (4))			NAME -	Nalle	y's F	H . ADDRES	s Mt.R Md		AUG	6 1	REGISTRAR I	purply	7	7	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICA REGISTRAR DECEASED NAME 20. DATE KNOWN TYPE OR PRINT OF ESTI-DEATH MATED 1986 Raymond Leonard 6. AGE (IN YEARS IF UNDER IF UNDER 24 HRS DATE PRONOUNCED 6 3YRS DEAD White 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pittsburgh.Pa. 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Ret. 13e STREET ADDRESS 13a STATE 13d. INSIDE CITY LIMITS? 7805 Colonial Lane laryland Clinton NO 50 Georges Angle MIDDLE Eckert Loretta Raymond 17. INFORMANT 16b. SOCIAL SECURITY NO 16n WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 173-12-9631 Mrs. Emily J. Eckert, same as WW APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause pe all pelesolio aardio vascula direace PART I DEATH WAS CAUSED BY IMMEDIATE CAUS DUE TO A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 716 EXTERNAL CAUSE WAS 716 TIME OF INTURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 210. PLACE OF INJURY (AT HOME 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Natural causes Hamicide Undetermined manner Jul. 16, 1980 MEDICAL EXAMINER Rayburn Court Camp Springs. Rodri Augusto 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATOR Burial 7/18/80 Resurrection Cem. III 256. DATE REC'D. BY REGISTHAR THE REGISTRARY SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** Lee Funeral Home, Crinton, Maryland (VR A15 ME (5) 15M 7/76

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STATE OF MARYLAND

1	- STATE REGISTRAR		DEFARIN		ICATE OF DEATH	REG. NO	0.	0	
	ECEASED NAME FIRS E OR PRINT) E 4 n 4	MAE	IDOLE	Edu	inads	2a DATE OF DEATH	7 12	Y YEAR	7 15
3 SE	FEMALE	4 RACE WHITE		5 DATE O		6 AGE (IN YEARS LAST BIRT	YRS	FUNDER I YEAR	HOURS MIN
	STATE OR FOREIGN COUNTRY) MARY LAND	u.s.A		WIDOWE		PRINCE G			
10 0	HYATTSVILLE	LIE NOT IN SUCH	AME OF HOSPITAL, NURSING HOME OR OTHER INSTI NOT INSUCH FACULTY, GIVE STREET ADDRESS! KANOR CARE NURSING HOME			170 USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOUSEWIFE	F WORKING LIFE		OF BUSINESS (
	STATE 13b		ADELPHI	N	13d INSIDE CITY LIMITS?		7TH PL	.ACE	
14. F	ATHERS NAME OSCAR	H. MIDDLE	GRIFFITH		IS MOTHER'S MAIDEN NA/ LULA	A.		IPWRI ĜÎ	ĤT
160	WAS DECEASED EVER IN U.S. (15 YE)	S. ARMED FORCES? S, GIVE WAR OR DATES)	579-01		ELIZABETH V	ADDRE	CAME	AS DAG	GHTER
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CERTIFICATION	PART 2 OTHER SIGNIFICA				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES,	WERE FINDI	
MEDICAL CER	218. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR A.M	A. MONTH DA A.	Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	ły IN ITEM 18, PAR	RT I OR PART 2)	Y 15
MED	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PŁACE C	OF INJURY ET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	٧N	COUNTY	STATE
	22a. I certify that (1) (this saw the deceased als above, (1) (we) (did) (3 22b. SIGNATURE	(-7 1-7	19 8		nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	death occurred on the do	ate and havr	and from the	, that (I) (we) lo e couses stated E SIGNED
1	174 PHYSICIAN'S NAME (ON I LENV	711			field ld		atm ;	nd,

PARKLAWN CEMETERY OF CREMATORY

DHMH - 16 50M 1/76 (VR A 15 (4))

J. COLLINS RESS FRANCIS 500 UNIV BLVD. W. SILVER SPRING, MD. 20901

1ENKIN 23b. DATE 7/16/80

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

24. FUNERAL DIRECTOR

BY REGISTRAR 256. REGISTRAR'S SYNATORE 25a. DATE REC'D.

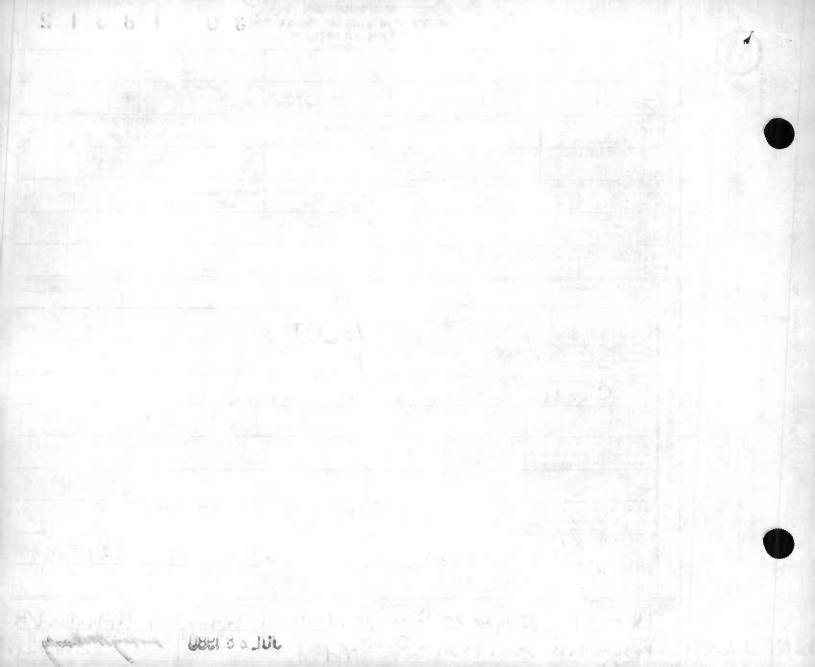
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1	FOR 1 - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 0	8 8 1 2
(IVI)	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
	(TYPE OR PRINT) VTR	GINIA I	ENGELS	JULY 2	24 1980 7:10A
pag r de	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
rector, irs afte	Female	White	Aug 23 1917	62 YRS	
70 -/-	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED XXX	Prince Georg	
the funeral owithin 72 ho	New Jersey	11. NAME OF HOSPITAL, NUF	RSING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OF
y be of	Andrews AFB	MALCOLM GROU	W USAF MED CENTER		US ARMY
letely filled in 2 should be fill	13e STATE	E OR OTHER INSTITUTION, GIVE RESIDENCE BY OUNTY 13c CITY OR T	OWN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS	
ly fi	Maryland Ca	lvert Chesa	peake YES X NO D	14th Street	
2 ste	FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
comp and	FRANK	NMI ENG		ANN	DIGNON
and ages ages the m		GIVE WAR OR DATES)		ADDRESS	20836
are die i				isch Box 45A (APPROXIMATE INTERVAL
ading physical properties of removes aumatic events.	PART I. DEATH WAS CAL	r only one couse per line for (o), (b) USED BY: DIATE CAUSE (o) DUE TO, OR AS A CONSE	drac Hrred		BETWEEN ONSET AND DEATH
e atter nove ca mation ther tra	Conditions, if any, which gave rise to immediate	(b)	ASHD		
d by th dase rerr ial, cref 'Y, or o	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	QUENCE OF HYXUITS	ension	
en signe Then ple ir to bur		TONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELIVED TO THE TERM	AINAL DISEASE OR CONDITION O	SIVEN IN PART 1(0)
ate has be permit. glene prio	TO DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	YES NO IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
hysicial hysicial transition of them 1	OR CONTRACTOR CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF HIJURY IN ITEM I	B, PART T OR PAST 2]
After this the buria the and Mer	THE THER NOTIFY MEDICAL EXAMI 214: INJURY OCCURRED WHILE AT WORK NOTIFY MEDICAL EXAMI	21s PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFF	211 LOCATION	CITY OR TOWN	COUNTY STATE
ECTOR: for use as of Heall	saw the deceased alive	ospital) attended the deceased from 247474 1		death occurred on the date and	19, that (I) (we) la paur and from the couses stoted
RAL DIR terached are Dept	226. SIGNATURE	ry & Schwar	THISICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	24 July 8
TO FUNERA should be deta with the State MPORTANT		CHWARTZ, LT CO	USAF MALC ANDR		MEDICAL CTR
BP	230 BURIAL, CREMATION, REMOV	JULY 248 80	13. NAME OF CEMETERY OR CREMATORY Allogton Nationa		Arlington V
DHMH-16 25M (VRA 15, 4) 1/79	Mousch F	uneral Hornis	e Owings	L & S 1380 256 450	STAR'S STAR STAR STAR STAR STAR STAR STAR STA

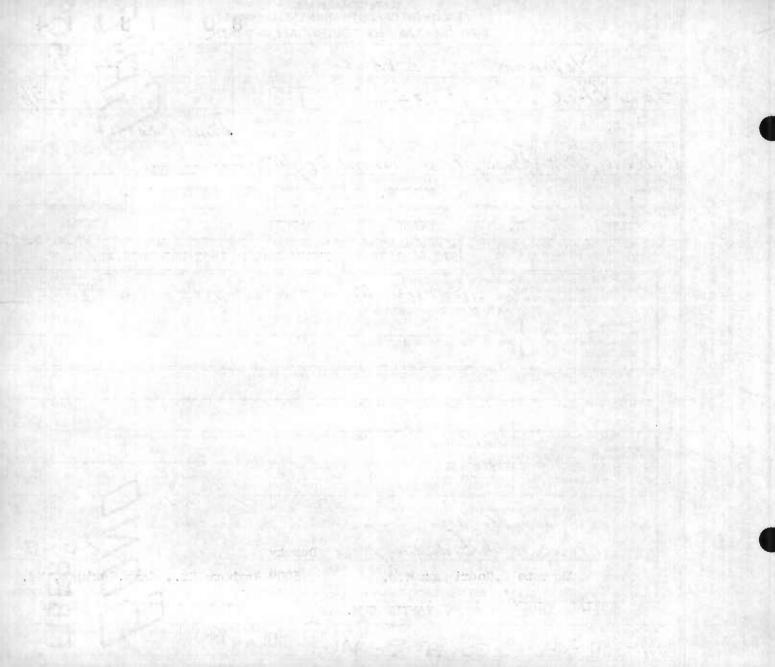


3 1-	STATE REGISTRAR	MEDICAL EXAMINER	S CERTIFICATE OF D	EATH REG. N	8813
	ECEASED NAME FIRST HOWAY	of EVAN	S LAST	20 DATE KNOWN OF ESTI- DEATH MATED	
3. SE	Make Black		IF UNDER 1 YR. IF UNDER 24 H		MONTH DAY YEAR 24 HG
7 1	OREIGN COLINTRY)	TTC 7	MARRIED NEVER MARRIED	U Pa	OR COUNTY OF DEATH
	eat Pleasant, Maryland	1. NAME OF HOSPITAL, NURSING HOME, OF 100 PROPERTY OF PEPPER STREET ADDRESS) 6817 Pepper Street		USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) S	alesman
130 N	Maryland 13h Sea	Theasant Pleasant	13d. INSIDE CITY LIMITS? 13	817 Pepper	Street
14. F	Tohn Evans	MIDDLE LAST	15. MOTHER'S MAIDEN N Effie I	Davis	LAST
160.	WAS DECEASED EVER IN U.S. ARMI YES, NO, OR UNKNOWN) (IF YES, GIVE W.	AR OR DATES)		ADDRESS et Evans-wi	fe-6817 Pepper
	Canditians, if any, which gave rise to immediate cause (a) stoting the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CO	OUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) NTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PART I		
CERTIFICATION	190. DATE OF OPERATION	196, CONDITION FOR WHICH OPERATION			20. AUTOPSY? YES □ NO □
	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED (E	NTER NATURE OF INJURY IN ITEM 18	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		If, LOCATION STREET	CITY OR TOWN	COUNTY STATE
21	death resulted from: Notura	causes . Accident . Suicident	TITLE (SPECIFY)	Inquiry I, all indetermined monner I, MEDICAL EXAMINER	DATE 7-5-80
	BURIAL, CREMATION, REMOVAL 231	DATE A 234 NAME OF CEMET	ADDRESS 07 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	d LOCATION	andover, Maryla
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STATE OF MARYLAND

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			FOR		DEPARTMENT OF HEALT	TH AND MENTAL HYGIE	NE O I O	0 1 1
7			STATE REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE OF DE	ATH REG. NO.	0 1 4
0	(mail	1. DE	CEASED NAME FIRST		MIDDLE	LAST	20. DATE KNOWN MONTH	DAY YEAR 26 HOUR
1, 4		(TYF	E OR PRINT)	inda	EVAN	5	DEATH MATED 6	29 1980 M
-	STREAM	3. SEX	1. BACE	S. DATE OF BIRTH		UNDER 1 YR. IF UNDER 24 HR		DAY YEAR 24 HOUR
2	DIRECTOR STATE	12	male Drack	1 -	34 YRS.	NTHS DAYS HOURS MIN	PRONOUNCED 6-2	9 198035 M
	FOR Y WITHIN PREST	7a. B	RTHPLACE (STATE OR REIGNOUNCY)	A CITIZEN OF W	ISA MAR	RRIED NEVER MARRIED	Dimer Creorge	TY OF DEATH
2	TO THE F	C	TY OR TOWN OF DEATH LEVENLY CONT	/	SPITAL, NURSING HOME, OR OF CHILTY, GIVE STREET ADDRESS! TENEZOFO CHEMICA	THER INSTITUTION. 12d. U	SUAL OCCUPATION (TYPE OF WORK OF MOST OF WORKING LIFE) ERSONNEL SPEC	12b KIND OF BUSINESS OR INDUSTRY
21201	ANY DANY DANY DANY DANY DANY DANY DANY D	13a. S	AL RESIDENCE of IN NURSING HOM TATE MD.		13c. CITHORATTS		ÖÖETÉASTÉRN AVE.	
MD.	VITA VITA	14. F/	ATHER'S NAME MILTON	WIDDLE	EVANS	15. MOTHER'S MAIDEN NA/	ME MIDDLE	NUMN
BALTIMORE,	SION	16a. V	VAS DECEASED EVER IN U.S. A ES. NO PUNKNOWN) (IF YES, GIT	RMED FORCES? VE WAR OR DATES)	166. SOCIAL SECURITY NO. 579 64 1879	17. INFORMANT VIVIAN BROWN	ADDRESS 1632 PRIMROSE	WASH. D. C.
301 W. PRESTON ST., B	WITHIN 24 HOINCIL IN ITEM 18 MINER ALONG TRANSIT PERMIT NTAL HYGIENE, REMOVAL.		PART I DEATH WAS CAUS Canditians, if any, whice gave rise to immedia cause (a) stating the underlying cause last.	ATE CAUSE DUE TO, OI		ander-ce	refra Vosculo	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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LREC	SED A	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY?
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DIVISION OF VITAL	CERTIFICATE SHO TING THE WORD DED TO THE CHI E 3 SHOULD BE US DEPARTMENT OF PRIOR TO BURIAL,	AL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O	216. TIME O HOUR A./	M. MONTH DAY YEAR	HOW INJURY OCCURRED (ENTI	ER NATURE OF INJURY IN ITEM 18 PART 1 OR P.	ART 2)
DIVISIO	R: THIS CERTING TE, WRITING DRWARDED T: PAGE 3 SH STATE DEPA 21201 PRIOR	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY (AT HOME. 21f. L CTORY, FARM, ETC.)	OCATION	CITY OR TOWN CO	DUNTY STATE
	EXAMINER: 1 CERTIFICATE, 11D BE FORW DITECTOR: P. MIN THE ST AND, 212		2	rge of the remains de tural causes	Scribed abave, held an Auto	TITLE (SPECIFY)	, Inquiry , and in my a determined manner ,	4 - 5 (3)
	HE HOUSE		SEGNATURE CYCL	usto J-)	crougae /	M.D. Deputy MI	EDICAL EXAMINER SIGN	6-29-8D
	MEDICAL ECUTE THE GE 4 SHO HINGRAL TEMPERAL	-	EXAMINER'S NAME AUG	usto P,Rod	riguez M.B.	5009 Ray	burn Ct., Camp,S	Springs, Md.
528	PACE TO BALL	23a.B	URIAL, CREMATION REMOVAL BURIAL	ĴŪĹŶ ^E 7, 1	980 FAMILY CEM	OR CREMATORY 23d	WILSON'S MILLS COL	INTY N. CATE
(DHMH - 17 VR A15 ME (5))	24. F	UNERAL DIRECTOR NAME AATSON F. L	ADDRES	S ILTM ST 1	3.4.2 25a. DATE RECO.	3 1980 AF 256 REGISTRAR'S	SPECTURE OF
(1	NATSON F. H	4. 3435	5 14TH ST. 1	J.W. JULZ	3 1980	7



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1		I. DEC	REGISTRAR CEASED NAME E OR PRINT)	FIRST	MI	DDLE	LAST C	CATE OF D	OF-	REG. NO.	ONTH DAY	YEAR 26 HOUR
	RY, PLEASE DIRECTOR. DUR FILES. 72 HOURS IN STREET,	1 SEX	14. RAC	Janie	TE OF BIRTH	16. AGE (IN YEA	RS IF UNDER 1 YR.	IF UNDER 24 H		MATED	19 19 19	yEAR 2d HOUN
	DIRECTOR PURPORE PORTE	M	ale Wi		2- 3x5-5	753 ZY BISHOA	MONTHS DAYS	HOURS MIN	PRONOUN DE AD	1/	1.29 1	, 2 PM
0	ECESSA	FO	RTHPLACE (STATE OR REIGN COUNTRY) reinia	7b. C	U.S.A.	COUNTRY?	MARRIED NE	VER MARRIED (Barin	ORE CITY OR CO		MD.
	2		OR TOWN OF DEA	DEA)	AME OF HOSPIT	AL, NURSING HOME, Y, GIVE STREET ADD (ESS)		TION 120.	USUAL OCCUP FOR MOST OF WORK		ORII	OF BUSINESS NOUSTRY Struction
988	3 10 AIN PRO	USU A	L RESIDENCE (IF INNU	RSING HOME OF OTHE		ESIDENCE BEFORE ADMISSIONS. CITY OR TOWN	NI 138, INSIDE C		STREET ADDRE		Cons	cruction
21201	F ANY DI SHOULD I	130. 5	Md.	P.G.		Riverdale	YES X			rvis Ave	•	
MD.	I . NA.	14 FA	THER'S NAME	MIDE	DIE	LAST	15. MOTH	ER'S MAIDEN NA	AME	IGDLE	LA	
ORE,	R DE AGE	16q. V	AS DECEASED EVER		ORCES?	Evers 6b. SOCIAL SECURITY	NO. 17. INFOR			ADDRESS 60	O3 Sarv	vis Ave.
LTIMO	URS AFTEI B. GIVE P. WITH FO PAGES DIVISION	(1)	NO (OR UNKNOWN)	(IF YES, GIVE WAR OF		579-16-378	9-A Will	iam H. I	Evers	Riverda		
ST., 8A	HOURS I 18. G IG WII AIT. PA		18. CAUSE OF DEAT PART I DEATH W	H (Enter anly ane /AS CAUSED BY:	cause per lyle far	(a), (b) gad (c).)	e Care) dine	APPR BETWE	PO MATE INTERVAL EN ONSET AND DEATH
TON	N 24 HOI VITEM 18 ALONG T PERMIT YGIENE,		4029	IMMEDIATE CA		A CONSEQUENCE C			LLLEY	act tel	1	
PRESTON	ENCIL IN WINER A MINER A TRANSIT ENTAL HY REMOVAL		Canditians, if a	immediate	(b)							
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L REC	OULD PEN HIEF M USED A DF HEAL	CERTIFICATION	19a. DATE OF OPERA	ATION	19b. CONDITIO	N FOR WHICH OPER	ATION WAS PERFOR	RMED?			20. AU	ITOPSY?
VITA	X NO TO SEX	FE	AL EVTERALAL CALL	CENALAC	Tan This Os hi	Wiles.	Tax Discourse					s 🗆 NO 📆
DIVISION OF VITAL	SHOUSE C		21a. EXTERNAL CAU: UNDERLYING CONTRIBUTING	OR		JURY SONTH DAY YEAR 19	21c. HOW INJURY	OCCURRED (EF	NTER NATURE OF IN)	URY IN ITEM 18 PART 1	OR PART 2)	
DIVISIO	THIS CERTIL WARTING WARDED T PAGE 3 SH STATE DEPA	MEDICAL	21d. INJURY OCCUR WHILE NOT AT WORK AT W	RED WHILE VORK	21e PLACE OF I		21f. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	SE ONE	1	22a. I certify that	I taak charge af t		red abave, held an	Autopsy .	Inspection	, Inquiry		my apinian	
-	EXAMINE CERTIFICA UID BE F DIRECTO WITH TH		death resulted fram	n: Natural car	uses 🛅 . Ac	cident , Sui	tide	cide	ndetermined ma	inner [],	E-mo	
			ACTUAL SIGNATURE	pregus	4.4	digues	M.D. De	puty	MEDICAL EXAM	INER S	GIGNED 7	30/80
	#⊃⊃≈≥		EXAMINER'S NAME (TYPE OR PRINT)	Wigust	o P. Rod	righez M.I	ADDRESS 5	5009 Ray	burn Ct	. Camp	-/	
00	PAGE PAGE AFTER BALT	23a.B	URIAL, CREMATION, F				ETERY OR CREMAT		d. LOCATION CITY OR TOWN		COUNTY	STATE
	BP	24 F	Buria]	8-1	1-80	Ft. Line	oln Cemet		Brentwoo	R 256. REGISTRA	P.G.	Md.
	DHMH - 17 (VR A15 ME (5)) 15M 7/76			Sons F.H	P.A. H	yattsville	, Md.	AUG O	4 199n	Pit	han	
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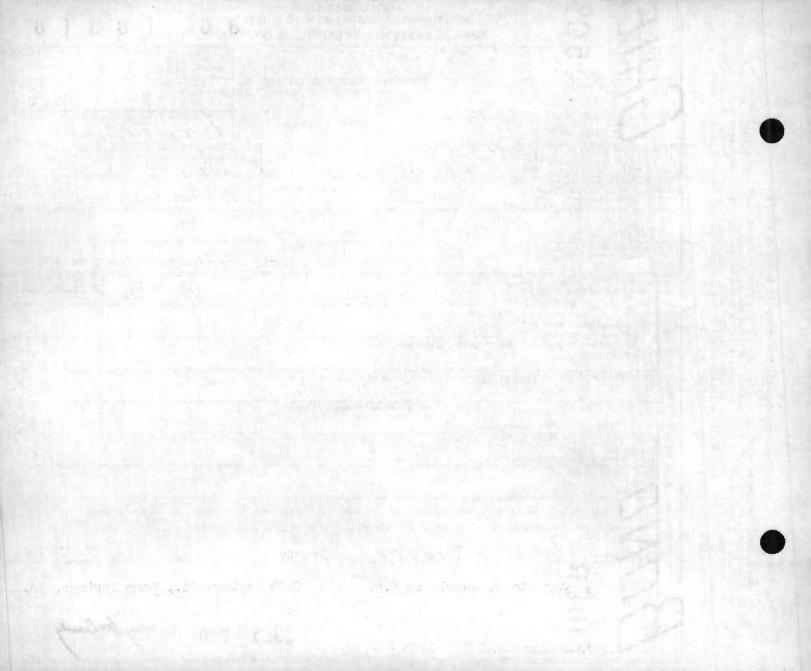
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME Faircloth a. DATE KNOWN P (TYPE OR PRINT) OF DEATH MATED DATE OF BIRTH IF UNDER 24 HRS 25 DATE PRONOUNCED DEAD BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR NEVER MARRIED USA DIVORCED 11 MAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 112b KIND OF BUSINESS D. ANTY OR TOWN OF DEATH FOR MOST OF WORKING LIFE) Maintenance Laundry 11340 Evanstrail, Beltsville, Md Prince George YES NO 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME George MIDOLE OE VIT Faircloth Julia 16h, SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO, OR UNKNOWN) I LIE YES GIVE WAR OR DATES Robert Rhoe 11340 EvansTrail, Beltstille. 236-28-5057 no 18. CAUSE OF DEATH (Enter only one cause per ne for (o), (b), and (c).) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF YES NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME. 211 LOCATION 21d. INJURY OCCURRED STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my opinion Homicide Undetermined manner death resulted from: / Notural couses TITLE (SPECIFY) Debuty MEDICAL EXAMINER Augusto P. Rodriguez M.D. 5009 Rayburn Court, Camp Springs, Md. TO ME EXECU PAGE TO FU AFTER BALTIW 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 7-22-80 Burial GreenHill Martinsburg, W.Va. Berkeley BP 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) Capitol Funeral Service Fairfax, Virginia 15M 7/76

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-19 80 DEATH MATED LRACE 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED 00 DEAD 9. BANIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY USA N. C. WIDOWEDXX DIVORCED IL CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK KIND OF BUSINESS OR INDUSTRY Retired None 13d. INSIDE CITY LIMITS? 3225 Swann Road 13o. STATE 1136 COUNTY 13c. CITY OR TOWN Suitland Md YES 🗌 NO [OE VITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Sarah Unk Simbo Fisher 7. INFORMANT **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. DIVISION PAGES (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Marie Brown/daughter/same as 13e 579-26-6750 No 18. CAUSE OF DEATH (Enter only one couse per line (or (p), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF YES E 3 SHOULD BE E DEPARTMENT (PRIOR TO BURIA 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE AT WORK DIRECTOR: FOR WITH THE ST 22a. I certify that I took charge of the remains described above, held on Inspection MARYLAND, Suicide Hamicide Undetermined monner death resulted fram: Natural causes TITLE (SPECIFY) TO MEDICAL E EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, N Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez M.D. ADDRESS 5009 Rayburn Ct., Camp Springs, Md. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Md OUNTY Md. Nat. Mem. Park Taurel, 7-9-80 10411980RAR | 254 Burial BP 24 FUNERAL DIRECTOR **DHMH-17** John T. Rhines Co., 3015 12th St., D. C. (VR A15 ME (5)) 15M 7/76



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIRNE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O DATE KNOWN A MONTH (TYPE OR PRINT) DEATH MATED DATE OF BIRTH DATE PRONOUNCED DEAD TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maine U.S.A. WIDOWED A DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION II. CITY OR TOWN OF DEATH Prince George General Hospital Retired Physician Cheverly USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13a. STREET ADDRESS 13c, CITY OR TOWN Prince Georges Riverdale 5309 Riverdale Road Maryland Apt 116 YES X NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Fletcher George Ann Doohan Nancy 16h SOCIAL SECURITY NO. 17. INFORMANT 5907 Shepherd Lane 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO, OR UNKNOWN) 578 05 6501 Nancy F. Crook Seabrook, Maryland 18 CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditions, If any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY INJURY OCCURRED (ENTER NATURE OF HOURS IN ITEM TE PART) OR PART 25 OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH III. LOCA 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a, I certify that I taak charge of the reMains described above, held an Accident Hamicide Undetermined manner death resulted from: Notural causes DEATH, 23a. BURIAL, CREMATION, REMOVAL 23b. 7/26/80 Ft. Lincoln Cemetery Burial Brentwood P.G. Md. D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home, P.A. **DHMH-17** (VR A15 ME (5)) Hyattsville, Maryland 15M 7/76

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DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED 8-10-3 DEAD Th. CITIZEN OF WHAT COUNTRY 70. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED New Jersey 120 USUAL OCCUPATION STYPE OF WORK # 12b. KIND OF BUSINESS or Most of Working LIFE)
Micro Biologist Veterans Adm. 113b. COUNTY 3c. CITY OR TOWN 2600 Brinkley Rd. # 101 Temple Hills P.G. Maryland 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE OF VE Schimmenti Fusillo Frances Ettore 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Corkran Lane DIVISION 154-16-6250 Alice E. Fusillo Temple Hills, Maryland Yes WW 18 CAUSE OF DEATH (Enter only one cause per line for (a) and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH TE. PLACE OF INJURY JATHOME II. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE AT WORK Inspection 220 I certify that I took charge of the remains described above, held an Hamicide TITLE (SPECIFY) AFTER DEATH, BALTIMORE, MA MEDICAL EXAMINER EXAMINER'S NAME M.D. SPRINGS, MD 230 BURIAL CREMATION REMOV 8-6-1980 Maryland Veterans Cem. Cheltenham Burial P.G. Maryland BP 24. FUNERAL DIRECTOR George P. Kalas Funeral Home **DHMH-17** (VR A15 ME (5)) 6160 Oxon Hill Rd. Oxon Hill, Maryland 15M7/76

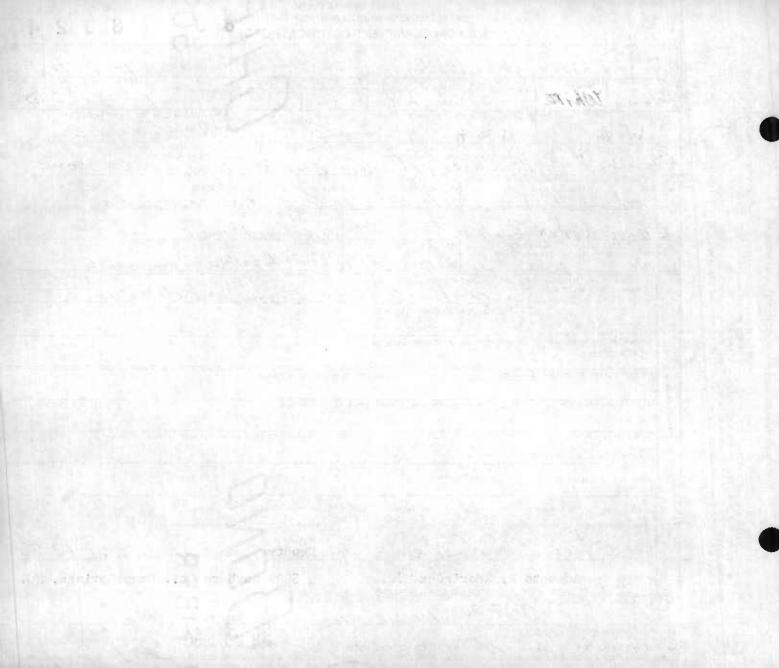
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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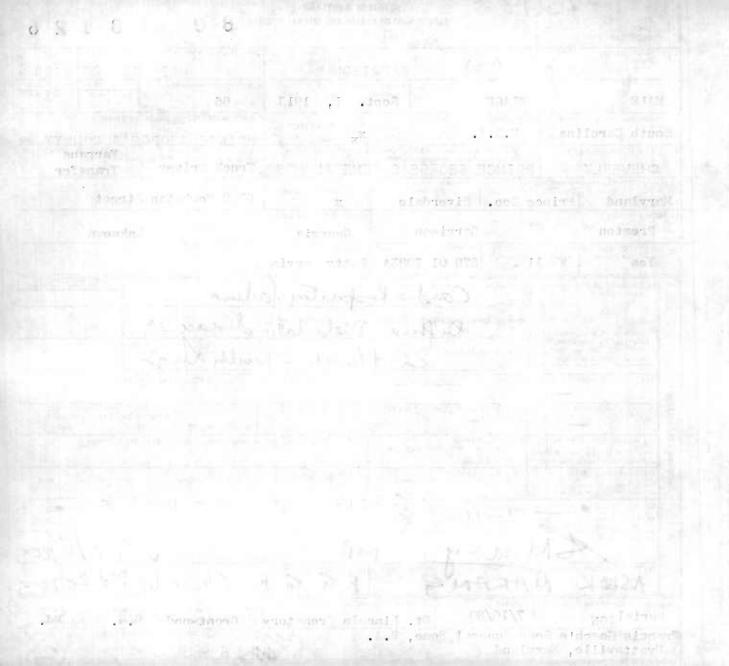
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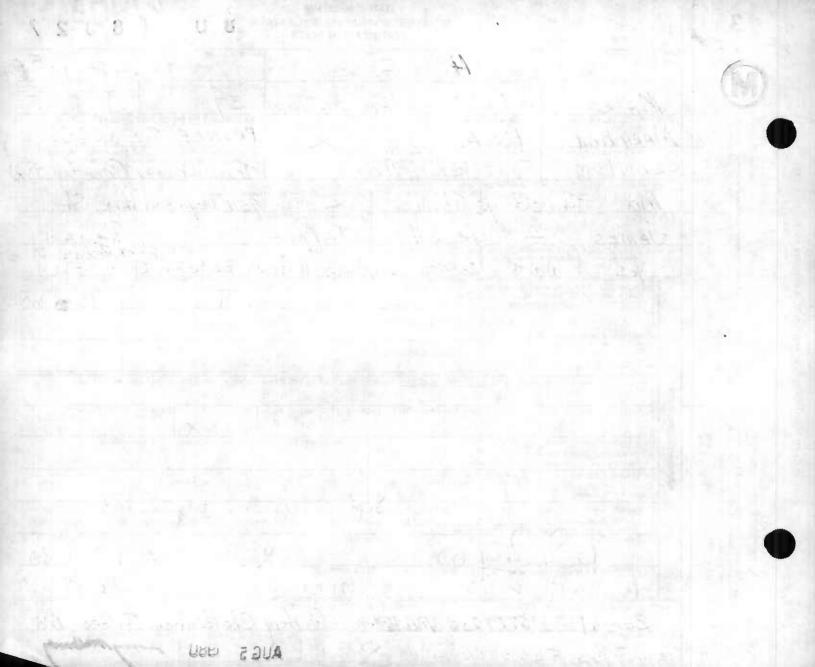
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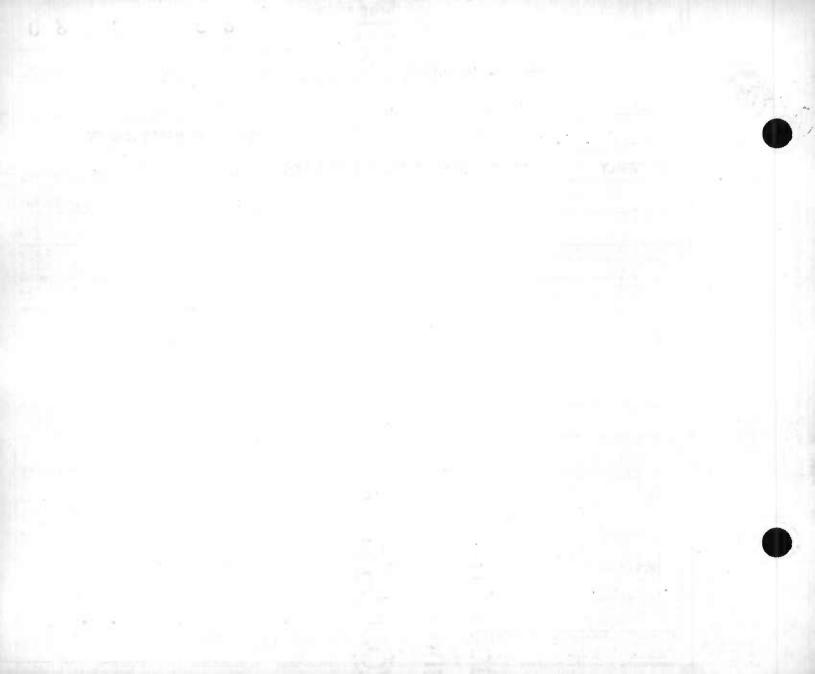
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	0/		STATE OF MARYLAND
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	e 6 +	18	CERTIFICATE OF DEATH
	may boge e Dep		DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) 7 Month 2 Day 77 Year
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	h. Page directo	1	S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH 1 2 1 9 1 1 6. AGE (In years If UNDER 14 HES) WONTHS DAYS HOURS MIN YRS.
	offer death.	14)	6. BIRTHPLACE (Store or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED PRINCE GEORGE N
	in by the	14	0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) CHEVERLEY 12. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) INDUSTRY INDUSTRY
AND 21	n 24 Z she offer	36	30. USUAL RESIDENCE (Where deceased lived, if institution: Residence before demission) STATE 13b. COUNTY AND LANDOVER YES NO 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER AND OVER YES NO 111 JOHN QUIL AND
MARYL	mpletely fies 1 and 72 haur	1-1	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle, Lost Claude J. Cooper Dilia Wood
BALTIMORE, MARYLAND 21201	and car		60. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (It yes give war or dotes of service) 672 - 22 - 2503 CHAYCT
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	HYSICIAN: attending p is certifica s the buria priar to		21d. INJURY OCCURRED While Not while of work Office Building, ETC. 21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
NOISION	this as t		22g. I certify that (1) (this hospital) effended the deceased from 5/2/6 1950, to 1/9 1950, that (1) (we) la
0	naspital ar OR: After ed far use	1	saw the deceased dive en 7/9 19 20 and that in (my (our) opinion death accurred on the date and have and from the causes stated above, (1) (we) (did) (did nat) view the bady after death.
	ECT Che		226. SIGNATURE PAYS. DEGREE ATTENDING DIRECTOR D
		1	22d. PHYSICIAN'S PRUCE COCOMIN 22e. ADDRESS MICE GEORGES HOSTAN
	ro HOSPITA retained b TO FUNERAL shauld be of Health		30. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Landover, Md. (County) (State)
	DHMH-16 1/71 : (VR A15	SUM N	Harmony Memoria 250. RECD BY REGISTRAR SIGNATURE ADDRESS ST. E. D. C. DATE UL 1 8 1980 256. REGISTRAR'S SIGNATURE

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P pod i	3. SE.	X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN					
ge 4		Female	Caucasian	12 - 03 - 06	73 YRS	MONTHS DATS HOURS MIN					
rol dir 72 hours		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY						
mero in 72		aryland	U.S.A.	WIDOWEDX DIVORCED	Prince George Co	ounty MD.					
offer of with full with full		TY OR TOWN OF DEATH Laurel	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION ADDRESS) eltsville Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY					
hour hour din din die state	USU. 13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU!	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) /N 134 INSIDE CITY LIMITS?	13e STREET ADDRESS						
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7/12/20 = = 3 3	230	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE					
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DHMH - 16 60M 1/75		UNERAL DIRECTOR	ADDRESS	1622 11th St 3024	TE REC'DISTRAR 256 REGIST	RAR'S SIGNATURE					
(VR A 15 (4))	Mo	rrow & Woodf	ord, IncWash	1.,D.C.							



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2e. DATE OF DEATH MONTH TYPE OR PRINTI EDWARD 3. SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR MONTHS DAYS HOURS MILCOSIAN male Te. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA many land WIDOWED DIVORCED X NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) centrelt Convalescent USUAL RESIDENCE, HE NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 1136 COUNTY 13a STATE 13d. INSIDE CITY LIMITS? Bowie Rd PRince Geny Laurel YES T NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT I IF YES, GIVE WAR OR DATEST 218-03-2837 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause to), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOZ YES [NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2] HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK AT WORK 220 | certify that (1) (this hospital) attended the deceased fram. 19 00 saw the decease alive an obave (V(we) did (did not) view the body ofter death. ., and that in (my) (our) apinian death occurred an the date and haur and fram the causes stated 226 SIGNATURE 22c DATE SIGNED DEGREE multerro ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Gravite inD 23d. LOCATION 230. BURIAL CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 236 DATE EG DEN REGISTRAR 256 REGISTRAR'S SIGNATURE 24_FUNERAL DIRECTOR DHMH

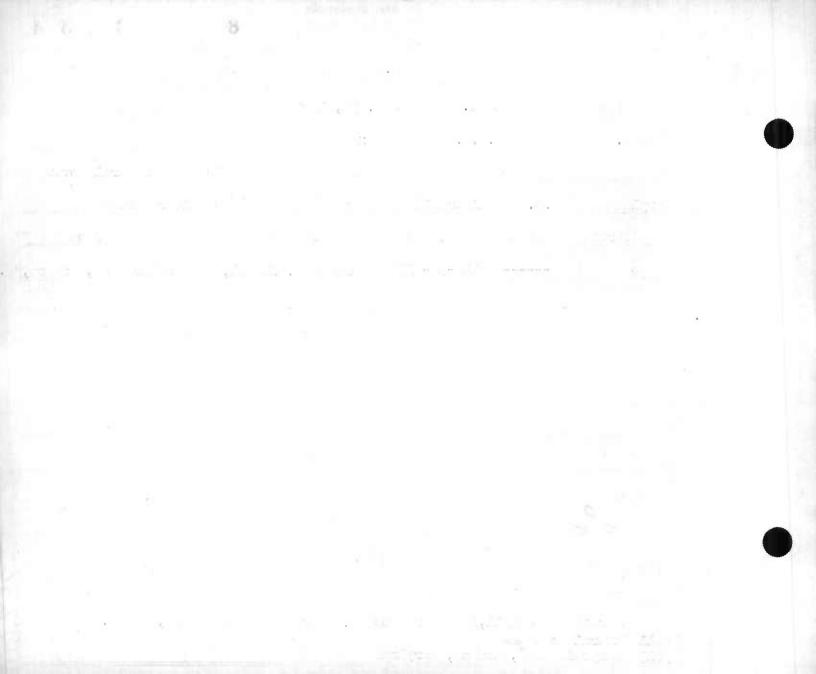
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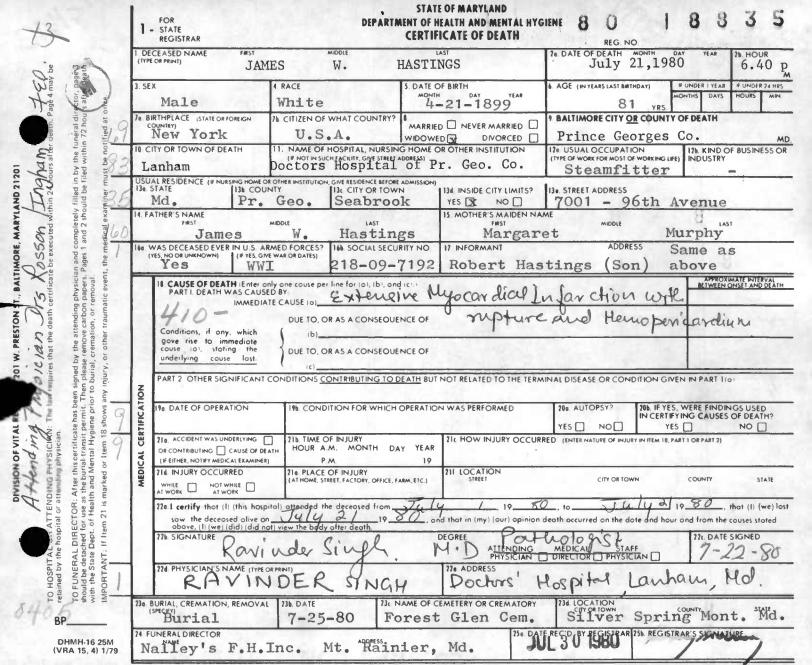
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and other other		ale	RACE Black		5 DATE O	E BIRTH 12, 1922 YEAR	57	YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
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BALTIMORE. ote be executivation and coppers. Pages 1 val. 1, the medical	160. \	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV UNK	E WAR OR DATES)	422-18	700	Helen W.	Hawk		lennar	ols Ave den, Md
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALL NG PHYSICIAN; The law requires that the death certificate after this certificate has been signed by the attending physicians the burial-transit permit. Then please remave carban paper thand Mental Hygrene prior to burial, cremation, or remaval, and Mental Hygrene prior to burial, cremation, or remaval acked or them 18 shows any injury, or other traumatic event, the	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause ion, stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDINT WAS UNDERLYING	DUE TO, OR A DUE TO, OR A CONDITIONS CON 196 CONDITION 216 TIME OF	AS A CONSEQUENT AS A CONSEQUEN	DEATH BUT OF THE PROPERTY OF T	NOT RELATED TO LIST TELL WAS DERFORMED LICHOW INJURY OCCU	20a. AUT YES	PSY? 120b. IF YELL THE CER	GIVEN IN PART 1 O	9000
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DHMH - 16 50M 1/76 (VR A 15 (4))		uneral director NAME hnson & Jenk		ADDRESS		250 P	ATE REC'D. BY		SIRAP NO.	

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		STATE	OF MARYLAND		
	FOR STATE REGISTRAR		EALTH AND MENTAL HYGI CATE OF DEATH	ENE 8 0	8841
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183	76. BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? MARRIED WIDOWED	NEVER MARRIED	PRINCE GEOR	
90	To city or town of DEATH	11. NAME OF HOSPITAL, NURSING HOME OR TOOT IN SUCH FACILITY, GIVE STREET ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR	126 KIND OF BUSINESS
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tic event	PART I. DEATH WAS CAU	only one cause per line for (a), (b), and (c).) SED BY. IATE CAUSE (a)	e Congesti	de Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
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tem 2		ngr view the bady after death.		eath occurred on the date and	haur and from the causes stated
	27b. SIGNATURE		PHYSICIAN (A)	MEDICAL STAFF DIRECTOR PHYSICIAN	MIGDATE SIGNED
MPORTAN	22d. PHYSICIAN'S NAME (N	RY G. HADLEY	9601 mxk	ace Sov. Wa	shington D.
≧	230. BURIAL, CREMATION, REMOV	AL (23b. DATE 23 NAME OF CE	HETERY OR CREMATORY	23d LOCATION Sury OR TOWN	Processe Ma
25M	24 FUNERAL DIRECTOR	ADDRESS // ADDRESS	() 250. DA/E	REC'D. BY REGISTRAR 256. REC	SISTRAR'S SIGNATURE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIRME - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG NO DECEASED NAME FIRST O DATE KNOWN (TYPE OR PRINT) 0:10 19 80 DEATH MATED Hiser Boyd Junior aM 6 AGE (IN YEARS | IF UNDER 1 YR. 4 RACE 5. DATE OF BIRTH 2d HOUR IF UNDER 24 HRS DATE LAST RIRTHDAY) PRONOUNCED 10:10 58 Male White -26-22 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? VEVER MARRIED FOREIGN COUNTRY! Prince George's West Virginia U.S.A. DIVORCED -120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 9154 Springhill Court Greenbelt C & P Telephone Telephone USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 113e STREET ADDRESS 113b. COUNTY 13a STATE 13c CITY OR TOWN NO W 9154 Spring Hill Ct., Apt. 304 Prince Georges Greenbelt 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE FIRST Boyd Smith Pear] Hiser **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Wife) (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 235-14-8148 Izetta J. Hiser Same as 13 Yes WW II APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 6 CERTIFICATION 19a, DATE OF OPERATION % CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗆 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian Natural causes Hamicide Undetermined manner TITLE (SPECIFY) PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, MA Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez M.D. 5009 Rayburn Ct., Camp Springs, Md. 20031 (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY July 27, Kline, West Virginia Kline Cemetery Buria1 25th DATE REC'D. BY REGISTRAR 25th GISTRAR'S FIGN UNE 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Capitol Funeral Service, Fairfax, Virginia 15M 7/76

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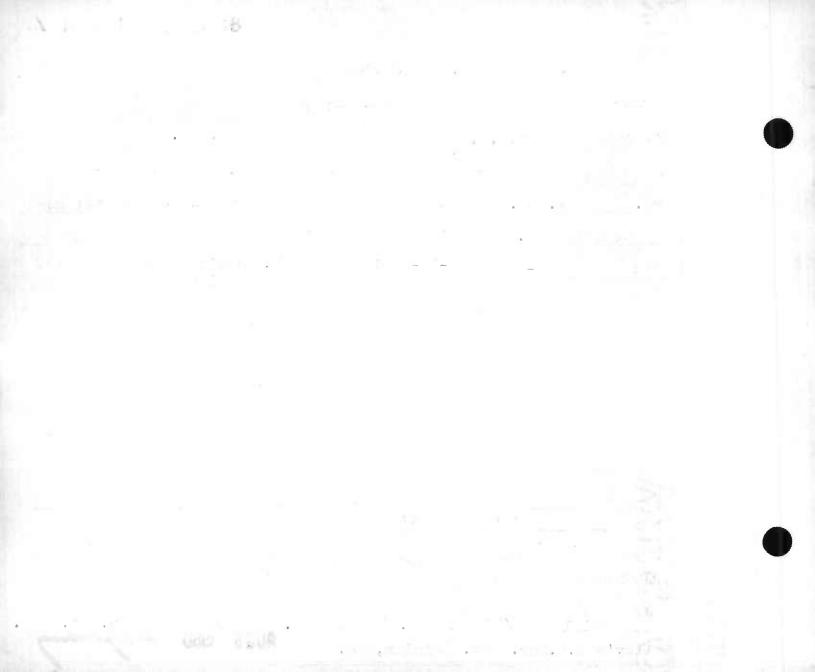
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	, death resulted fram: Natu	rol causes . Acc	1		ermined manner,			
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1	SIGNATURE TO		M.D.			3101400		
	EXAMINER'S NAME AUGU	sto P. Rodr	ADDRE	5009 Raybur	n Ct., Camp	Sprime	gs, Md2	20031
	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREA		OCATION OR TOWN	COUNTY	S'	TATE
	urial UNERAL DIRECTOR	7-21-80	St. Joseph's	ISO DATELLAD P	omfret, Ch	narles		4
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24 FUNERAL DIRECTOR

DHMH-16 25M

(VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO

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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

July 27, 1980

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN []

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FOR - STATE

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24 FUNERAL DIRECTOR

Hines/Rinaldi F.H.Inc. 178

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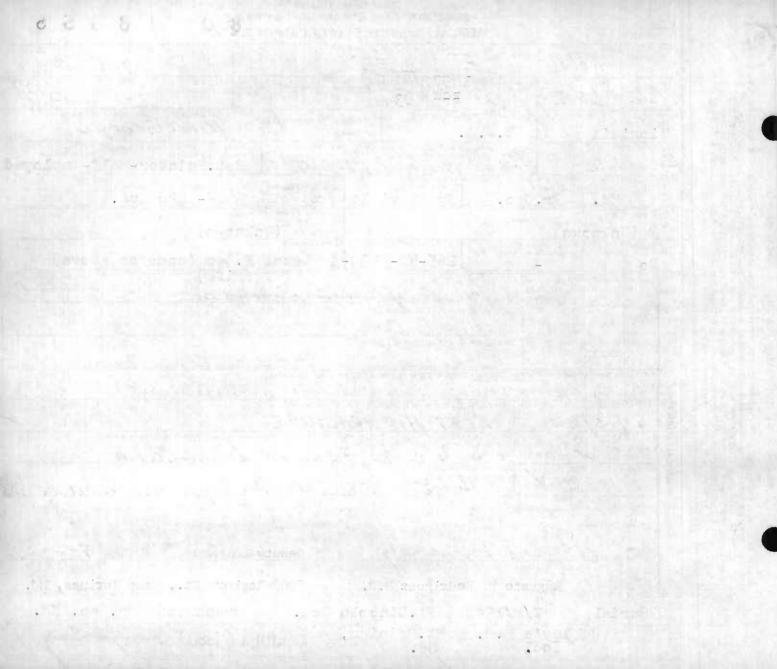
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN (XXMONTH OAY (TYPE OR PRINT) Langdon Thomas Mark DEATH MATED 7 16 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE 2d. HOPPIM PRONOUNCED 6,1960 male white 1980 16 11:00 DEAD 76. CITIZEN OF WHAT COUNTRY? Th BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Prince George County MD WIDOWED DIVORCED H CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS POWET Co. FOR MOST OF WORKING LIFE) Clinton Southern Maryland Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 135 COUNTY Rt.#2 Box 134 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Charles Maryland Waldorf NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE ^{FRS}Gladys Green Lanodon FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? WITH FOR 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** 215-78-4791 Thomas C. Langdon same as 13 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF . lying couse last. USED AS A BURINO OF HEALTH AND AL, CREMATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF O BURIAL, YES X NO SHOULD BE FORWARDED TO THE CERAL DIRECTOR: PAGE 3 SHOULD BE EATH, WITH THE STATE DEPARTMENT RE, MARYLAND, 21301 PRIOR (O BURI.) 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 7/16/80 CONTRIBUTING CAUSE OF DEATH 10:00PM driver of motorcycle in collision with auto 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK roadway Rt 228 & BillingleyRd, Pomfret, PG Co., MD 220. I certify that I took charge of the remains described above, held an Inspection death resulted from: Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA Assistant 7/17/80 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS_111 Penn Street Baltimore,MD 21201 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 7-21-80 Pomfret. Charles Md. STATE St. JosepH&s Cem. BP 250. RECORBY RAR RAR 24. FUNERAL DIRECTOR **DHMH-17** Huntt Funeral Home Waldorf, Maryland (VR A15 ME (5)) 15M 7/77

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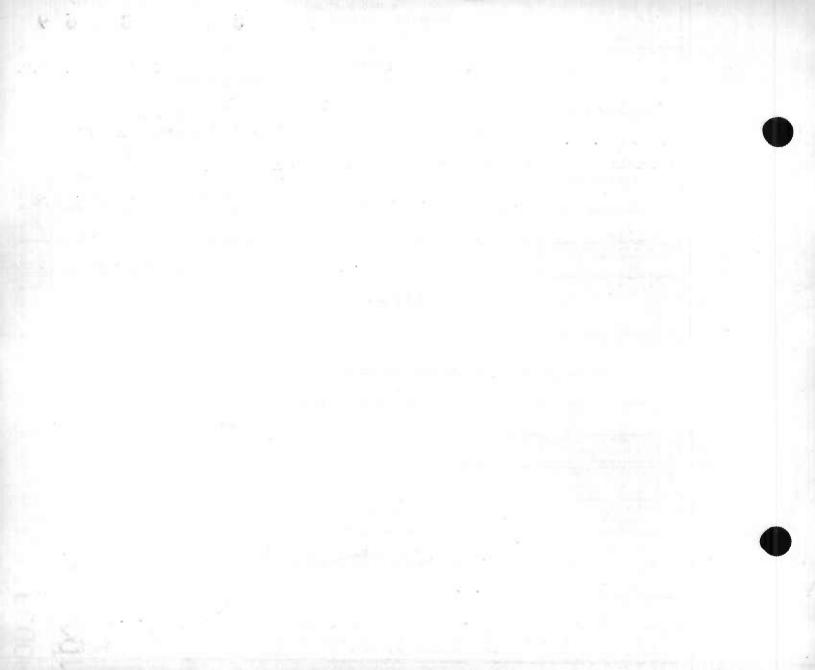
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A HORA	SIGNATURE DEPUTY MEDICAL EXAMINER SIGNED 1-6-80
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			STATE OF MARYLAND
		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
		CEASED NAME	MIDDLE LAST Ze. DATE KNOWN P MONTH DAY YEAR 76. HC
	(TYP	E OR PRINT) Mary	M LEELAND OF ESTI- DEATH MATED 0 7-11 1980
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ı		No N/A	218-66-4261 Edward Harding Lanham, Maryland
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		death resulted from: Natural	
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		ACTUAL CHERREST	TITLE (SPECIFY) DATE 7-11-8
_		SIGNATURE	M.D. Deputy MEDICAL EXAMINER SIGNED
2		EXAMINER'S NAME August	to P. Rodriguez M.D. ADDRESS 5009 Rayburn Ct., Camp Springs, Md.
		URIAL, CREMATION, REMOVAL 23b.	DATE 23C NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE
	(3	Rumin 1	4 July 80 Mt. Olivet Cemetery Washington s DC.
	74 F	Burial 11	25a. DATE REC'D. BY REGISTRAR [25b. REGISTRAR'S SIGNATURE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWNXT (TYPE OR PRINT) Milev Joseph OF ESTI-Lewis DEATH MATED 7 26 19 80 4. RACE 3. SEX 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. 2c. DATE 2d. HOUR PRONOUNCED male white April 28.1954 1080 26 8:15A 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA WIDOWED [Prince George County DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS Prince George Hospital for MOST OF WORKING LIFE)
dry wall installer Cheverly construction USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE CITY LIMITS? 13e. STREET ADDRESS Hill Street 13a STATE 13b. COUNTY Laurel 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Milev Mary Ann Lewis Scruggs 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) Mary Ann Lewis same as above 1971-1974 213 58 5998 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Multiple injuries with complications DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO T E 3 SHOULD BE E DEPARTMENT PRIOR TO BURIA 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 11:55PM 6/14 19 80 CONTRIBUTING CAUSE OF DEATH pedestrian struck by auto 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION PG CO. STREET, FACTORY, FARM, ETC.) WHILE AT WORK roadway 11770 BaltoBlvdNearWicomicoAve, Beltville, MD 22s. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted fram Homicide Suicide ! Undetermined monner TITLE (SPECIFY) PAGE 4 SHATON TO FUNERAL DI AFTER DEATH, NATIONORE, MA ACTUAL Assistant 7/27/80 Hormez R. Guard, M.D. EXAMINER'S NAME 111 Penn St. Balto., MD 21201 TYPE OR PRINT 236 BURIAL CREMATION REMOVAL 738 DATE 29,1980 ST. THE PROPERTY OF CREMATORY Beltsville, Maryland STATE Johns Cemetery

135 DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

101 3 6 1980 24 FUNERAL DIRECTOR DeWitt Donaldson, Laurel, Md Funeral Home DHMH - 17 (VR A15 ME (5)) 15M 7/77

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 2b. HOUR 20. DATE KNOWN (TYPE OR PRINT) Rosemany OF ESTI-6. AGE (IN YEARS 4 RACE DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS. DATE PRONOUNCED White DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY Penna. U.S.A. WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY Riverdale Leland Ret. Secv. Memorial Hospital U.S. Gov't. USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13n. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY Md. Geo. West NO L - Lance Drive 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Peter Weiland Louise Bannan 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Same as No 579-10-5643 Frederick J. Little above APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per lige for (g), (b), and (c). Husband BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) eval nech comminuted, +Colles pactures Canditians, if any, which gave rise to immediate cause (a) stating the under-OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 196, ONDITION FOR WHICH OPERATION WAS PERFORMED? 190. DATE OF OPERATION 20. AUTOPSY? YES NO T 21a. EXTERNAL CAUSE WAS OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING CONTRIBUTING CAUSE OF DEATH In PLACE OF ANJURY 211 LOCATION STREET, PAGTORY, FARM, ETC.) WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an and in my opinian Homicide Undetermined manner Natural causes 230 BURIAL CREMATION REMOVAL St. Michaels Cem. Burial Loretto Cambria 24. FUNERAL DIRECTOR Nalley's F.H.Inc. Mt. Rainier, Md. (VR A15 ME (51) 15M 7/76

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IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

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3 5	SEX		4 RACE		5 DATE		6. AGE JIN YEARS LAST BE		IF UNDER 1 YEA	
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10	CITY OR TOWN OF	DEATH	11. NAME OF			OR OTHER INSTITUTION	17e USUAL OCCUPAT			OF BUSINESS O
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^	AT WORK AT	WORK							-	
	220.1 certify that	(I) (this haspi	tal) attended th	y deceased fram	20 JU	ine 19 80		/	19 80	_, that (1) (we) to
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L	Lari J.	. Houma	nn, M.D	•		4404 Queensb	ury Rd., R	iverda	ie, Md	. 20840
234	BURIAL CREMATIO	N, REMOVAL	73b. DATE	23 ₁ N	NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE

DHMH-16 25M (VRA 15, 4) 1/79

14 FUNERAL DIRECTOR

QUEEN'S CHAPEL CHUNCH

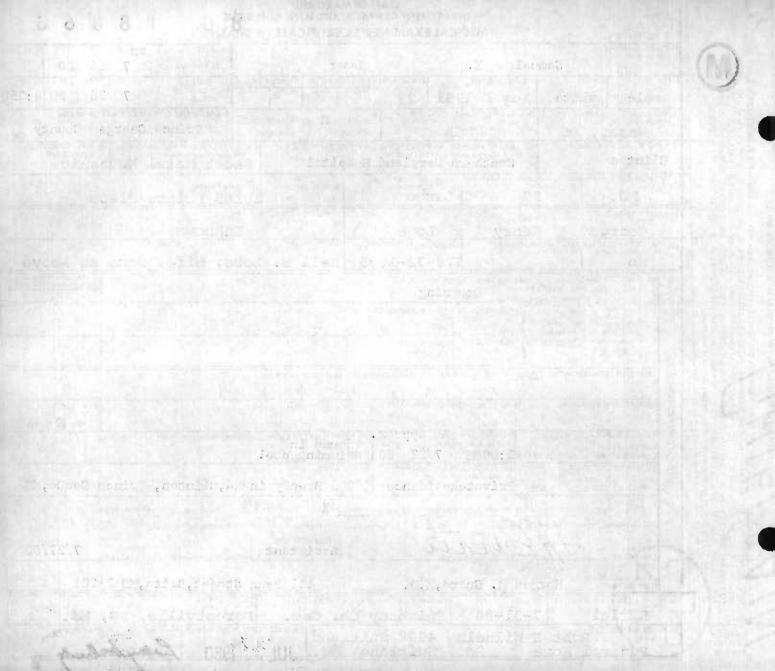
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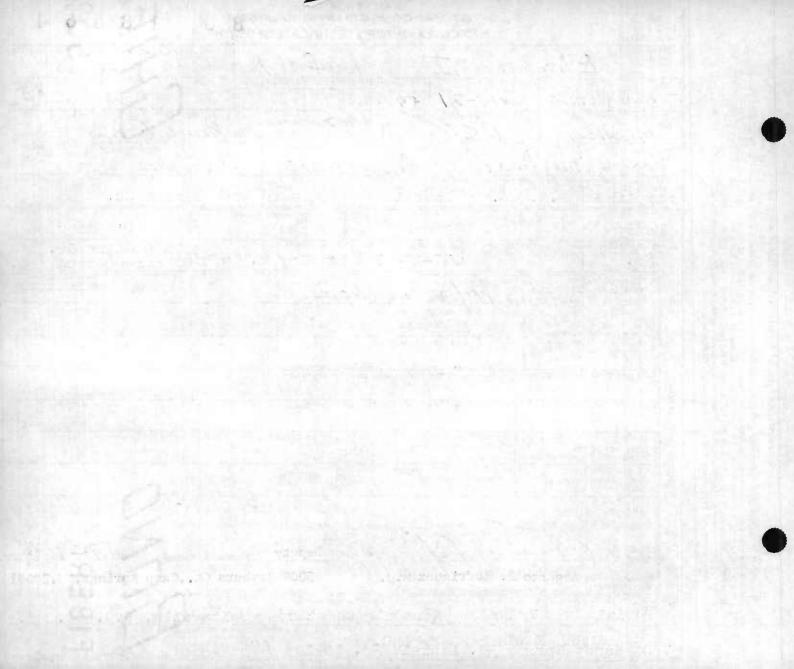
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TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213	73e BI	(TYPE OR PRINT)		mez R. G		NAME OF CEME				123d. LOCA		Ja 1, LO	، ساور	-120	7 JL	
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DHMH - 17	24. FU	JNERAL DIRECTOR		E Wilhe				22 2	50. DATE R	EC'D. BY RE	GISTRAR	25b. REG	ISTRAR'S	IGNAT	UREVI	
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	male	white	5. DATE OF MONTH	BIRTH 7, 1955	6. AGE (IN		DER TYR. IF UNDER	MIN. PRONO	ATE DUNCED AD	7	26	19 80	1:28
₩w	BIRTHPLACE (ST FOREIGN COUNTRY)	on, DC		OF WHAT CO	UNTRY?	MARRI WIDOW	ED NEVER MARE	IED LT	rince	-			ME
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/ 14.	FATHER'S NAME	R	ichard	M	laÎzon	е	15. MOTHER'S MAID Mary	ENNAME	Lou	1.33	Bra	ayton	
160	WAS DECEASED (YES, NO, OR UNKNO)	EVER IN U.S.	ARMED FORCES GIVE WAR OR DATES)	? 166 S	OCIAL SECUR	9429	Richard	Malzon	e Sam		s #	13	
200	gave ris cause (a) lying caus	s, if any, when to immediate last.	ote (b) DUE 1	O, OR AS A CO	ONSEQUENCE ONSEQUENCE	OF	OR CONDITION GIVEN IN PA						
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	22a. I certify death resulte	y that I taak	X	ins described o		Autaps	Hamicide TITLE (SPECIFY)	Undetermined	manner [],	my apinia		7/80
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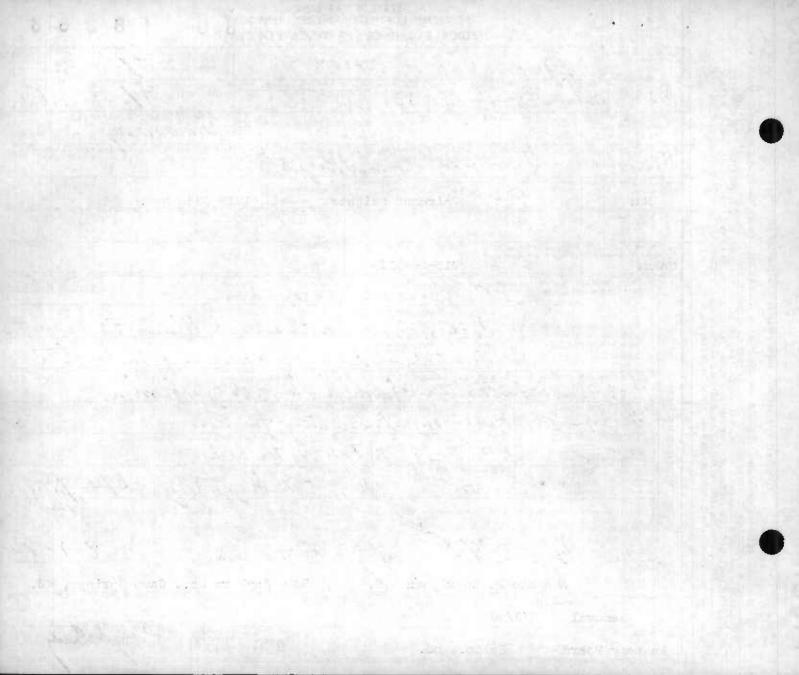
COULD U.B. . Mar 7, 1955 25 Wushington, DC U S A in: Carrier to at Hanza Auto Paris Maryland Pr. Geo. Bowie x 12509 Swirl Lane Richard Malzone Mary Lou Brayton n/a 215 66 9429 Richard M. Izone Same as # 13 Burial 30 JUL 60 Kesurrection Cemetery Clinton, P.G., Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR DECEASED NAME a. DATE KNOWN (TYPE OR PRINT) OF ESTI-1.80 JOHN M. MARKER. Jr. 19 4 RACE 3. SEX DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR 6:35 DATE PRONOUNCED Aug. 29, 194 male white DEAD Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY)
Indiana MARRIED MEVER MARRIED U.S.A. Prince George's DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (It not in Such facility, Give street address)
Prince George's Gen. Hosp. (DOA) Sales/Manager Marlo Cheverly USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Georges Greenbelt Prince 16F Parkway Road 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Doris Marker.Sr. John Roma Walden 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Bowie 1960-1964 307-42-1894 Sue Marker. 3527 Majestic La.. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF onditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (o) stoting the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, YES X NO DEPARTMENT 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (ATHOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK STREET CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinion death resulted from: Natural causes Homicide ... Undetermined monner TITLE (SPECIFY) TO MEDICAL EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTIMORE, MA ACTUAL MD Assistant MEDICAL EXAMINER 7-20-80 SKINATURE Ann M. Dixon, M.D. 111 Penn St. EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 73c. NAME OF CEMETERY OR CREMATORY Wash. Park Cemetery July24.1980 Indianapolis, Indiana Burial BP Annapolis **DHMH-17** Tistow McCready (VR A15 ME (5)) Bowie, Md. 15M 7/77

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN b. HOUR (TYPE OR PRINT) OF ASON ESTI-19 80 DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED -1-0 DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALLIMORE CITY OF COUNTY OF DEATH O. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X FOREIGM COUNTRY) WIDOWED 120. USUAL OCCUPATION (TYPE OF WO CATY OR TOWN OF DEATH VI NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY 1019 58th Ave. Fairmont Heightses Md. NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST FIRST 166 SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-26-3159 Unkn. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY - necelical Conditions, if any, which gave rise to immediate couse (o) stoting the underlying cause last. adender emonia exth CERTIFICATION 20 AUTOPSY? YES NO W UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 711 LOCATION NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Accident | Suicide Undetermined manner death resulted fram: Natural couses TITLE (SPECIFY) Deputy MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME ADDRESS 5009 Rayburn Ct., Camp Springs, Md. Augusto P. Rodriguez M.D. 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE STATE 8/3/80 Removal 75g, DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR DHMH! (VR A15 ME (S)) Balto., Md. Anatomy Board 15M 7/76 ...



Huntt Funeral Home, Waldorf, Md. 20601

(VR A 15 (4))

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S NECESSARY, PLEASE FUNERAL DIRECTOR 5. 5 FOR YOUR FILL D, WITHIN 72 HOUN	3 SEX Male	4.RACE White	Jan 971	6. AĞI			IF UNDER 24 HRS			MONTH 7	7 ₁₉ 80	2d. HOUR
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D. 21201 H. IF ANY DELAY IS NEC. 2, AND 3 TO THE FUN. 3. RETAIN PAGE 5 FOR 2 SHOULD BE FILED, WALL RECORDS, 301 W/P	- 1	town of death Lanham	Doctor	S Hosp	ital	HER INSTITUT	ION 12a U	SUAL OCCUPATOR MOST OF WORKIN	TION (TYPE O G LIFE)	OF WORK	OR INDUS	BUSINESS
21201 IF ANY D 3. RETAIN SHOULD FECORE	Marya.		TY	13c. CITY OR TO Lanham		134 INSIDE CIT		REET ADDRESS	ing V	i e w :	Drive	
BALTIMORE, MD. 2 URS AFTER DEATH. II URSION OFWITAL	Mart	in.	MIDDLE	McAnd		Mary	R'S MAIDEN NAA RST	MIDD		2 2	Green	
BALTIMORE, MD. RS AFTER DEATH . GIVE PAGES 1, WITH FORM PM. PAGES 1 AND 2 PAGES 1 AND 2 PAGES 10 OF VIEW	no.	n/	A.	166. SOCIAL SE 218 30	3141	E11ee	n Smith	Same a	address s # 1	3		
301 W. PRESTON ST., B. CUTED WITHIN 24 HOUR IN PENCIL IN ITEM 1B. (E. KAMINER ALONG W JAIAL-TRANSIT PERMIT P ID MENTAL HYGIENE, DI COR REMOVAL.	7	SJZ Conditions, if ony, which	D BY: TE CAUSE (a) B1	far (a), (b), and (dunt inju	ry to t		rith mult letal in		scera	1	APPROXIMA BETWEEN ON:	TE INTERVAL SET AND DEATH
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MUSION OF VITA CERTIFICATE SHO ITING THE WORD DOE TO THE CHI E 3 SHOULD BE UP DEPARTMENT OF PRIOR TO BURIAL,	S CON.	XTERNAL CAUSE WAS RLYING OR RIBUTING CAUSE OF I	210. PLACE O	MONTH DAY 7	YEAR 19 80 Tr	uck mo	ved forw	ard str	iking	sub	ject	STATE
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 2,1201 PRI	22 dear	a. I certify that I took charg th resulted fram: Natur	e of the remains desc	veway	Suicide	Hamici		Inquiry C	, and i	P. in my api DATE SIGNED	7 / Q / G	Md.
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N S	1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 18872 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.							
S S S F S		CEASED NAME	JAMES		A. 1	deConn,	ell , Sr	OF	KNOWN MO ESTI- H MATED 7	131 19 8	2
PLEASE ECTOR FILES HOURS STREET	3 %	Male 22	Inte 3	FOF BIRTH	6. AGE (IN YE	AY) MONTHS	DAYS HOURS	R 24 HRS. 2c. DA MIN. PRONOI DE/	JNCED -	31 19 DAY YEAR	2
1011/10	Ne	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Carolina		U.S.A. WIDOWED DIVORCED DIVINE (74.09)							
F ANY DELAT E AND 3 TO THE SHOULD BE FILE SHOULD BE FILE		Cheverly		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Prince George General Hospital 126. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY) OR INDUSTRY OPERATING Engineer C.W.A.							
		AL RESIDENCE (IF INN STATE Aryland	Prince G	eorges	Berwyn Hei	ights 13	d INSIDE CITY LIMITS?	13e. STREET ADD	Pontiac St	treet	
301 W. PRESTON ST., BALTIMORE, MD. CUTED WITHIN 24 HOURS AFTER DEATH. IN PENCIL IN ITEM 18. GNE PAGES 1, 2 IE XAMINER ALONG WITH FORM PM. URIAL: IRANSIT PERMIT. PAGES 1 AND 2 UM MENTAL HYGIENE, DIVISION OE VITAL J. OR REMOVAL.	14 F	George	R. R.		cConnell		Ethel	DEN NAME		chary LAST	
	160.	WAS DECEASED EVE VES NO, OR UNKNOWN) Yes	(IF YES, GIVE WAR OR C	ATES	577 42 219		Jane E.	McConnell	Same as	#13 (Wife	e)
	NC	Conditions, if any, which gave rise to immediate couse (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).									
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH 2h HOUR TYPE OR PRINTI McCormack Julv AGE (IN YEARS LAST BIRTHDAY) S. DATE OF BIR SEX 1394 June 24. 86 YRS To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COLINTRY Washington D WIDOWEDT DIVORCED Georges County. ID CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR SHOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Carroll Manor Nursing Home Homemaker Home Hvattsville BALTIMORE, MARYLAND 21201 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 136 COUNTY 13e STREET ADDRESS
4206 Brookfield Drive 13d INSIDE CITY LIMITS? Maryland Montgomerv Kensington 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST FIRST Catherine Raab Marv Bernard Weiss 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT 8223 Tuckerman Lane LYES NO OR HINKNOWN I (IF YES, GIVE WAR OR DATES) 577 50 8695 Mary E. Melo Potomac Maryland No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF HEART DISERSO RTERIOSCLEROT Conditions, if ony, which gave rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [NOR 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 3 OR PART 2) 210. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion depth occurred on the date and hour and from the causes stated sow the deceased alive on. above, (1) (we) (did) (did not) view the body after death FUNERAL DIRECTION OF THE STATE DEPT. DEGREE 22c. DATE SIGNED STAFF ATTENDING MEDICAL DIRECTOR PHYSICIAN [MPORTANT: 22e ADDRESS 13c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL STATE St. Mary's Cemetery Washington, D.C. BP Burial 24 FUNERAL DIRECTOR A. PUMPHREY FUNERAL 25a. DATE REC'D. ROBERT DHMH - 16 50M 1/76 HOMES, P.A., BETHESDA, MARYLAND (VR A 15 (4))

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12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ret. Secretary Auto Ass'n. 4922 LaSalle Road LAST Lynch ADDRESS 18 Mather Avenue Mrs. Helen Dobie, Broomall, Pa. 19008 APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aux) apinion death accurred an the date and have and from the causes stated 22c DATE SIGNED TTENDING MEDICAL STAFF
HYSICIAN DIRECTOR PHYSICIAN 7/6/80 1145 - 19th St., NW, Washington, D.C. STATE Arlington, Virginia 250. DATE REC'D. BY REDISTRAR 256 REGISTRAL SECTIONATURE 24 FUNERAL DIRECTOR JOSEPH GAWLER'S SONS INC. 5139 WISG, AVE., N. W. WASH, D. C. 20018

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

2h HOUR

HOURS

IF UNDER I YEAR

3:30 P

UNDER 24 HRS

DHMH-16 25M (VRA 15, 4) 1/79

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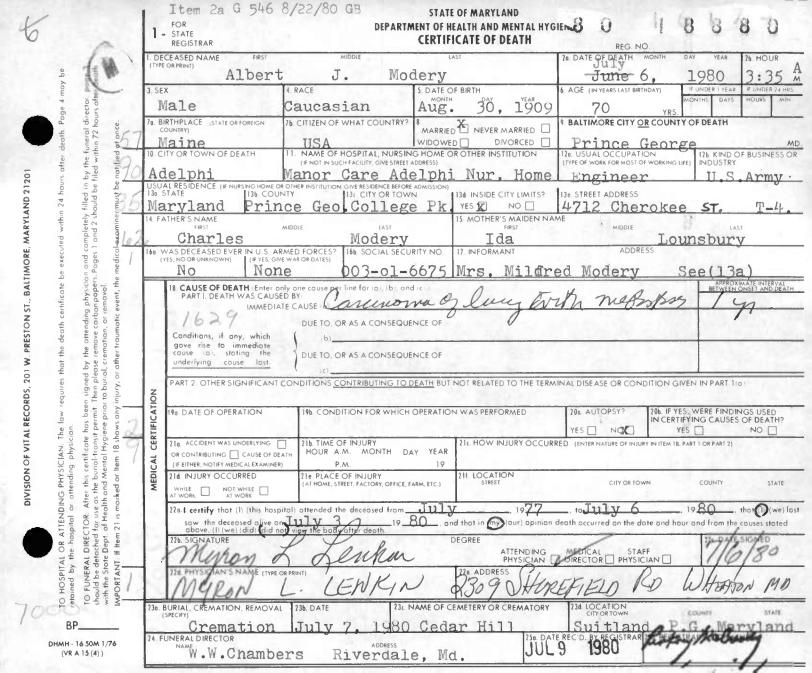
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TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITE PAGE A SHOULD BE FORWARDE TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DI BAITIMORE, MARYLAND, 21201 PR		EXAMINER'S (TYPE OR PRIN	VT) <u>H</u>	ormez R				ADDRESS_				et,Ba	alto.	,MD 2	21201	
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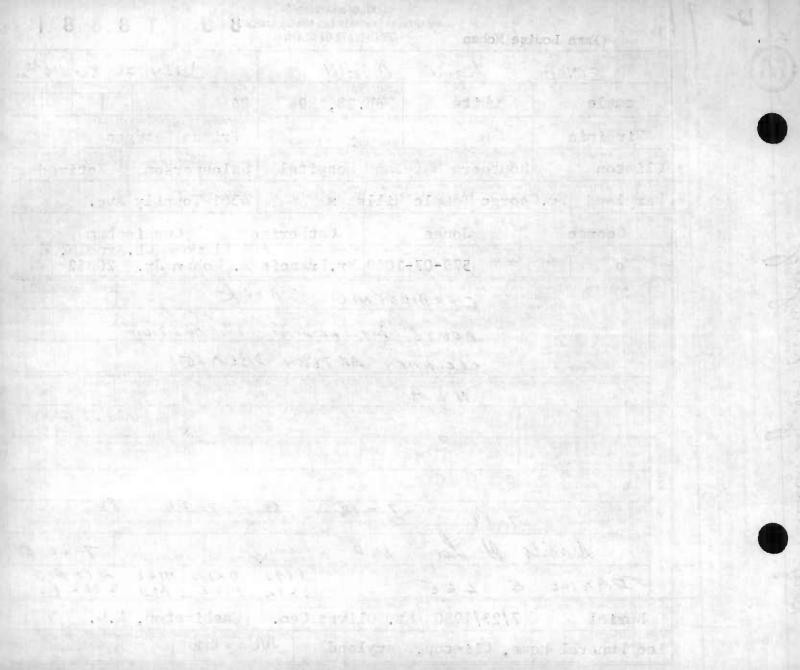
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFI REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN DAY (TYPE OR PRINT) OF ESTImevere DEATH MATED IE UNDER 24 HRS SEX DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED DEAD % BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) II S Maryland WIDOWED P DIVORCED CHY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 26 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Retired USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Pro Georges 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE niversity Park YES X NO East West Highway 4410 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST Maude Little Emanuel Curtin Mitzel 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 1 (IF YES, GIVE WAR OR DATES) Navy 579 44 8918 Cheverly, Md. Rev Robert E Mitzel APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per Late for late and text) BETWEEN ONSET AND DEATH Henry sollicate Cardis proseules desea PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE & DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CREM 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF PRIOR TO BURIAL, YES NO T 71a EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH TE PLACE OF INJURY LATHOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held on and in my apinion Autopsy Undetermined monner death resulted fram: Natural causes Accident Suicide Hamicide TITLE (SPECIFY) TO MEDICAL E
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BALTIMORE, MA SIGNATURE M.D. Denuty MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez M.D. ADDRESS 5009 Rayburn Ct., Camp Springs, Md. (TYPE OR PRINT) 730 NAME OF CEMETERY OR CHENT 230 BURIAL, CREMATION, REMOVAL 236. DATE Arlington National Arlington Arlington July 8, 1980 25a. DATE REC'D. BY REGIS **DHMH-17** F. Gasch's Sons P A Hvattsville, Md. (VR A15 ME (5)) 15M 7/76

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR Emma Louise Mohun CERTIFICATE OF DEATH REG. NO I. DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) 80 LOUISE 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Feb. 28,1896 Female OAY5 white 84 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH "Virginia MARRIED NEVER MARRIED USA Prince Georges WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR DAPE OF WORK FOR MOST OF WORKING LIFE) outnern Haryland Hospital Ketired Clinton Salesperson USUAL RESIDENCE (IF NURSING HORE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
THE STATE
MARY LAND
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TH 134 STREET ADDRESS Ave. 13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Jones Catherine MIDDLE Cunningham LAST George Elmwoods Ct. Arnold, Ad 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 404 (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 379-07-1049 Mr. Francis X. Mohum Jr. 20853 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c SHICK PART I. DEATH WAS CAUSED BY ARDIVGENIC IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF INFARCTION MYDEARDIAL b) ACUTE Conditions, il ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF COLUNARY ARTERY DISCASE underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO F 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220. I certify that (1) (this hospital) attended the deceased from. pri sow the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED 7-20-80 M. 1) ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN should be de with the Stot 22d PHYSICIAN'S NAME ITYPE OR PRINTS 22e ADDRESS ROAD OXON HILL ANILO LEF 236. BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY STATE Burial 7/23/1980 Washington, D.C. Mt. Olivet Cem. BP 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 50M7/77 Lee Funeral Home, Clinton, Maryland

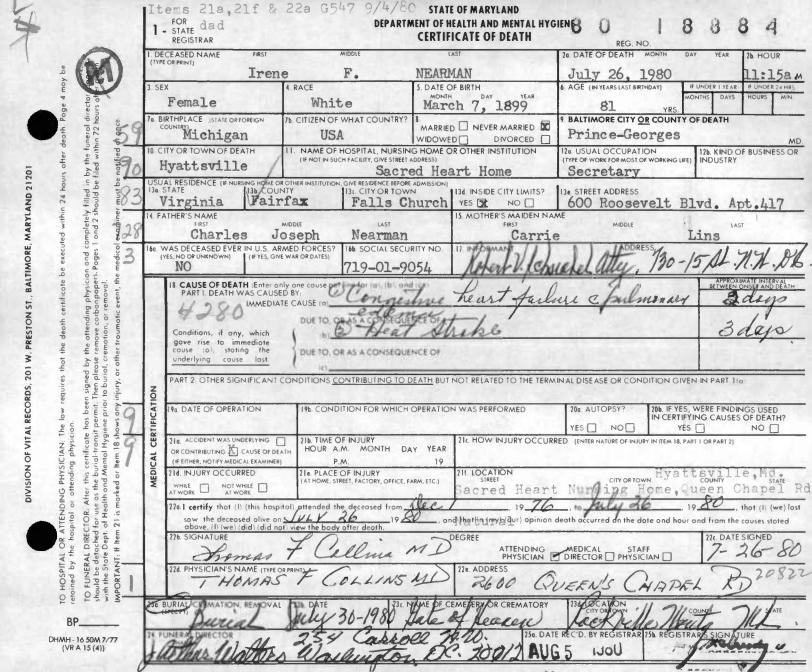


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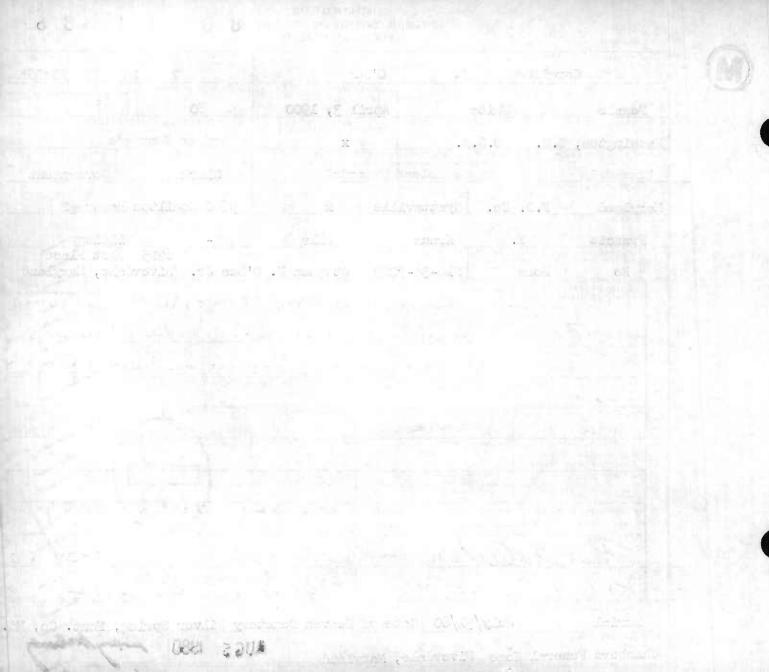
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENER

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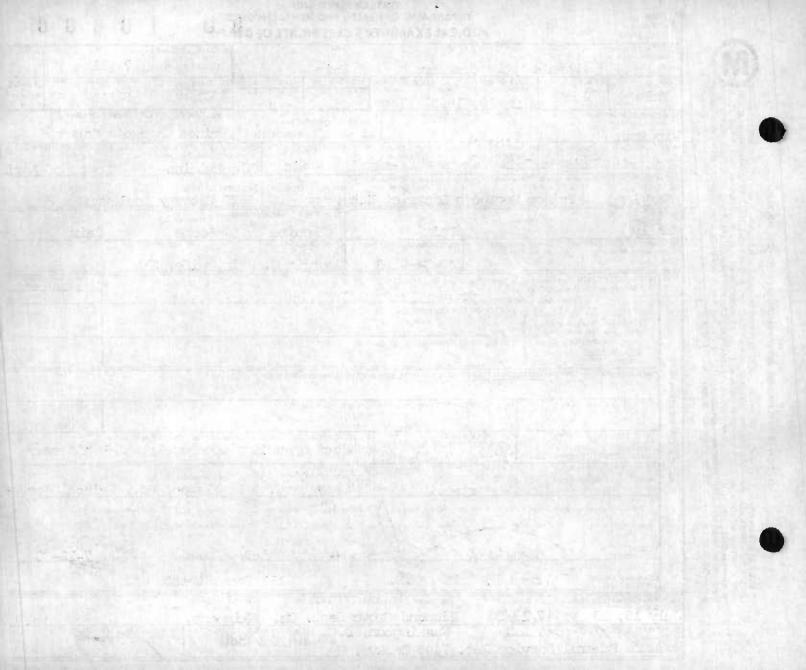


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STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME KNOWN OF ESTI-(TYPE OR PRINT) Andrew DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YE IF UNDER 24 HRS DATE 20. LAST BIRTHDAY) PRONOUNCED DEAD 7a BIRTHPLACE (STATE OR 9. BALLIMORE CITY OR COUNTY OF DEATH b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Wash., D.C WIDOWED DIVORCED USA ME OF HOSPITAL, NURSING HOME OF OTHER INSTIT 12b. KIND OF BUSINESS Retired-Air Force RESIDENCE (IF IN AURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 130. STATE YES [Maryland NO Oxon Hil Southern Avenue AND 2 S 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Andrew Phillip Parker Mollie Ann Peterson 160, WAS DECEASED EVER IN U.S. ARMED FORCES 904 Varney Street, S.E. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mollie A. Parker-mother 18 CAUSE OF DEATH (Enter only one couse per line for for BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Mand IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES . NO [DEPARTMENT 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21a. PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK 22s. I certify that I took charge of the remains described obove, held on Autopsy Inspection and in my opinion death resulted from Suicide Homicide Undetermined monner Deputy FUNERAL DEATH, SIGNATUR MEDICAL EXAMINER 5009 Rayburn Ct., Camp Springs, Md20031 Augsto TYPE OR PRINT OW Arlington, Va lington National Cemetery Buria! **DHMH** - 17 Benning Road NE. (VR A15 ME (5)) 15M 7/76 Stewart

STATE OF MARYLAND

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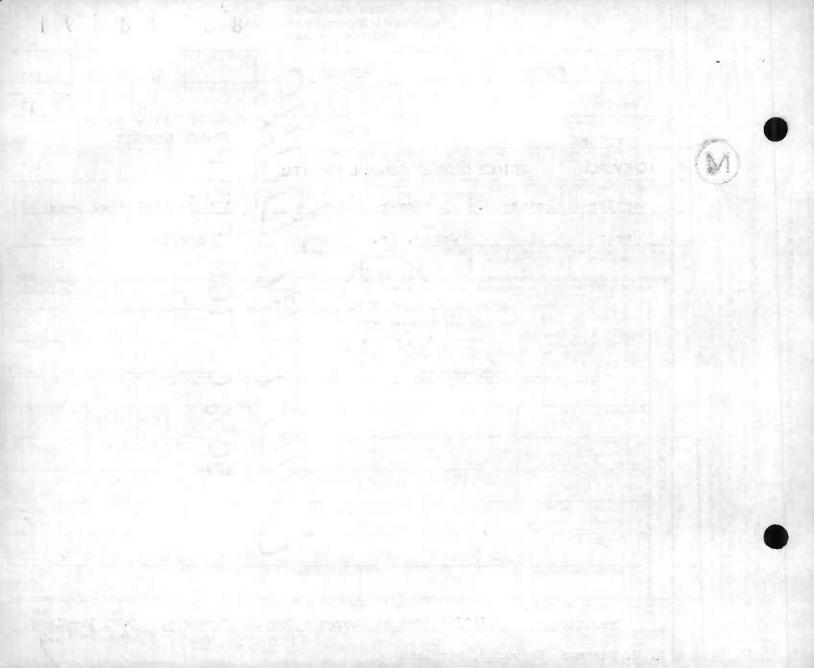
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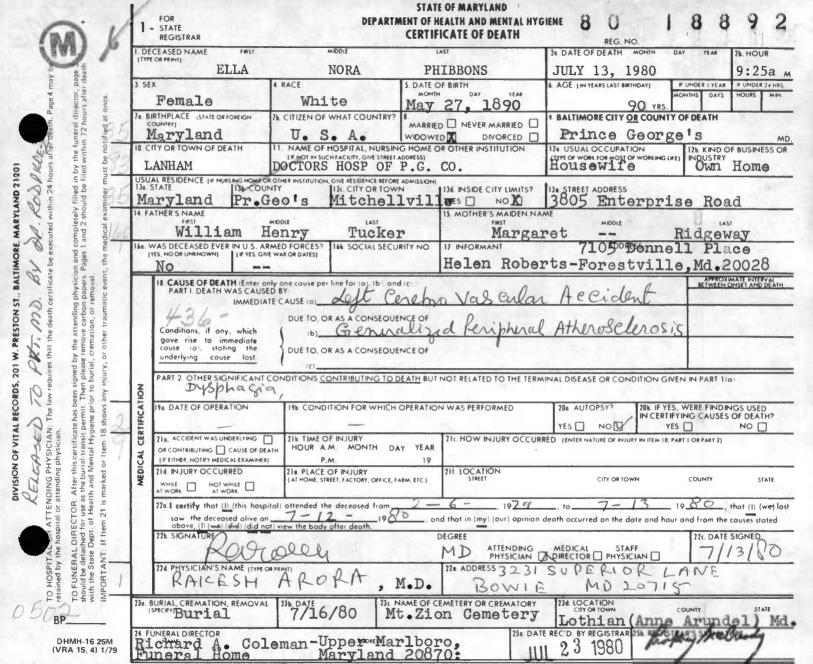
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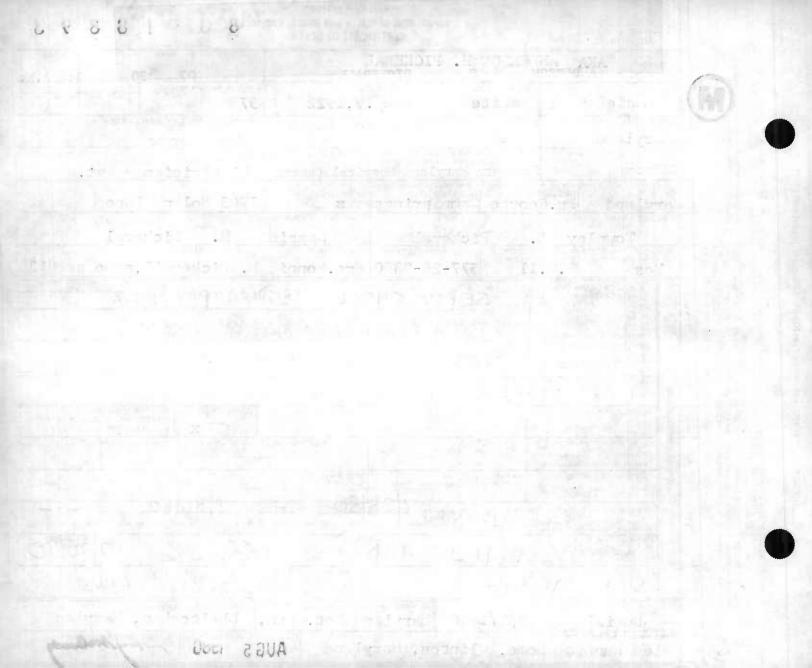




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(M)	3 S	Male	white	S DATE OF BIRTH AUG. 9, 1922 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 57 YRS	FUNDER 1 YEAR FUNDER 74 HRS						
BE BE	1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) aryland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN							
of within	P	inton	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESSI IND HOSpital Center	126 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING Electrician							
1 33	130	STATE 136 COL	or other institution, one residence ber UNITY 136. CITY OR TO George CampSp	WN 134 INSIDE CITY LIMITS?	7705 Nolan	Lane						
and 2 sho	14.1	ATHER'S NAME FIRST Townley	L. Pickera	15. MOTHER'S MAIDEN N. FIRST Maggie	MIDDLE	eral LAST						
Pages 1 a	16R	WAS DECEASED EVER IN U.S. A	WE WAR OR DATES)	-9880 Mrs.Connie	E. Pickerall							
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18 shows	CERTIFICATION	190 DATE OF OPERATION	198 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO						
Mental Hygiene		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D [IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM II	8, PART 1 OR PART 2)						
marked	MEDICAL	WHILE AT WORK AT WORK	216 PLACE OF INJURY LATHOME, STREET, FACTORY, OFFIC	E, FARM, ETC.]	CITY OR TOWN	COUNTY STATE						
of Heal	l	sow the deceased alive a	pital: attended the decement from 7 29 80 10 not; view the body after death.		death occurred on the date and h	that (I) (we) last our and from the causes stated						
uld be detached to the State Dept		27% SIGNATURE	sho	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7 30 SO						
should be detactivity the State IMPORTANT:		Sta. PHYSICIAN'S NAME (TYPE	1571 RA	Charles Por	Heute, Walde	orfind.						
3 2	23a	BURIAL, CREMATION, REMOVA Burial		NAME OF CEMETERY OR CREMATORY Laryland Vet. Cer	CITY OF TOWN	n, compary land						
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STATE OF MARYLAND



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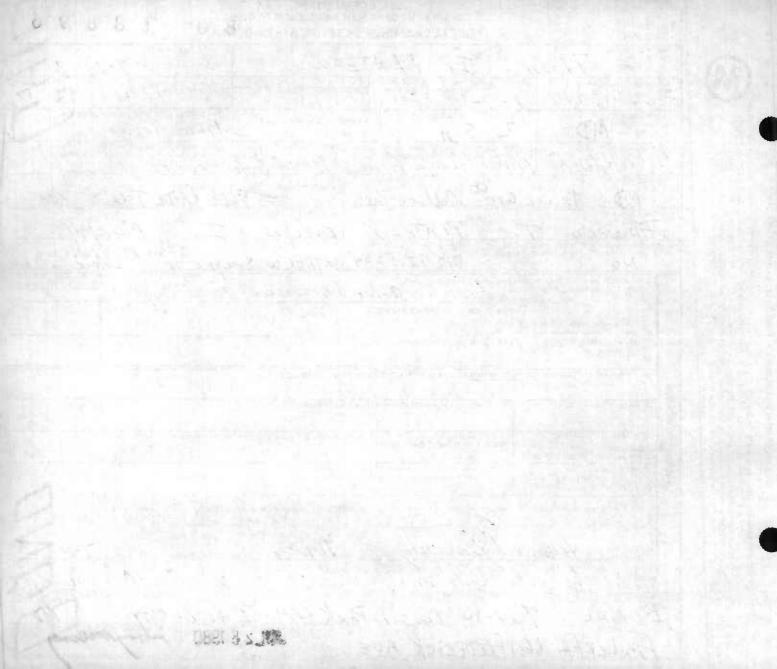
DEPARTMENT OF HEALTH AND MENTAL HYGIENE A

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			STATE OF MARYLAND	1
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		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	0 0 , 0
		ECEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MOR	NTH DAY YEAR 26. HOUR
60	0	(PE OR PRINT) The ma	I, PLATEAU DEATH MATED OF ESTI-	7-1819 10 1
(10/10)	3. S	X 4. RACE 5. DATE C	OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE	ITH DAY YEAR 24 HOHER
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HE IS	7 1 10		E OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WOLLD INSUCH FACILITY, GIVE STREET ADDRESS)	ORK 12b. KIND OF BUSINESS OR INDUSTRY
A L A L M	14 C	Mever/4/(ADDA) XPro	the (zenges (remeal It mylle) Housewife	
NNY DEL		JAL RESIDENCE (IF IN NURSING HOME OR OTHER INST	TITUTION GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE (ITY LIMITS? 136. STREET ADDRESS.)	
21201 IF ANY D AND 3 3. RETAIN SHOULD I RECORE	55	STATE MD. 134 COUNTY	EO. COLLAGE PACK YES NO BY 9608 KHODE TS	LAND AUF.
22. F	14	FATHER'S NAME	15. MOTHER'S MAIDEN NAME	700 1102
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DEAT DEAT CGES 1 RM PW AND OF VIII	(00)	EDWARD 1.	FS? ILA SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	CRPHI
BALTIMORE, URS AFTER DE B. GIVE PAGE WITH FORM PAGES 1 AN DIVISION OE	1 100.	WAS DECEASED EVER IN U.S. ARMED FORCE YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATE	226/19	ISTHALEN MO
BALTIM URS AFTE 3. GIVE P WITH FC	-	Po	212-12-5224 MRTHUR W. SAWYER JR.	LANC-GAMBRILLS
DUR 18. C		18. CAUSE OF DEATH (Enter only one cous	se per line far (a), (b), and (c).)	APPROXIMATE INTERVAL /BETWEEN ONSET AND DEATH
S I < S Z Z Z		PART I DEATH WAS CAUSED BY:	Hickory arterio schroties Condidissen	
	4		JE TO, OR AS A CONSEQUENCE OF	acco
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W. P	EW		(b)	
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SHOULD OND "PER A CHIEF A CHIE	5 0 5	196. DATE OF OPERATION	b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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CERTIFICATE SITING THE WORD THE WORD THE WORD THE WORD THE WORD THE WORD SITE SHOULD BE SHOULD SHO	MEDICAL		e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
DIVIS WRITING AREA DEFE	ž 2	WHILE NOT WHILE AT WORK	STREET, PACTORT, PARM, ETC.)	COUNTY
T V W A A S	21201			
		22a. I certify that I took charge of the re	emains described above, held an Autapsy L., Inspection L., Inquiry L., and in m	ny apinian
MIN PETO CTO	Z	death resulted fram: Natural causes	Accident . Suicide . Homicide . Undetermined manner .	
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TH.	₹	SIGNATURE YEGHTS	M.D. M.	GNED
DICAL TE THE A SHOUNDERAL DEATH,	See.	1/ .	DDIII	G W
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TO MEDICAL BE EXECUTE THE C FOGE 4 SHOUL TO FUNERAL IN AFTER DEATH.	W 230	BURIAL, CREMATION, REMOVAL 36. DATE	236 NAME OF CEMETERY OR CREMATORY 238 LOCATION	COLUMN 17-4031
(6)		BURIAL 7-20	4-80 Income Pack CEM. BALTO. CIT	10
BP	74	FUNERAL DIRECTOR	250. DATE SEC'D. BY REGISTRAR 1254 PEC THA	R'S SIEDNADURE
DHMH - 17 (VR A15 ME (5)		Final - VEI 11	CPC CO'CL AUG 301280 300	y/moderaty
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M	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	18898
9 (10)	I. DECEASED NAME FIRST WALTE	R E.	POTTER	20 DATE OF DEATH MO	7-14-80 25. HOUR 5.25PM. M
Page 4 mai direct ours a	Male Male	Caucasian	S. DATE OF BIRTH	6. AGE FIN YEARS LAST BIRTHDA	WI WONTHS DAYS HOURS AND
72 h	76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wash., DC	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEOR	
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v requires the death of signed by e attending then please in over carbon to burial, or her traumary injury, or her traumary	Conditions, if any, which gove rise to immediate underlying cause lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) (d)	17 Failune		ION GIVEN IN PART 1101
DF VITAL RECORDS SICIAN: The law re- rystcian. Tystcian. Tystcian. Tystcian. The law re- retrificate has been s certificate prior to Item 18 shows any i	190 DATE OF OBERATION 2/0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	CANOTIO STS 216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 21c. HOW INJURY OCCUR	20a AUTOPSY? 21 YES NO RED (ENTER NATURE OF INJURY IN	ON IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO NOTE: HIEM 18, PART 1 OR PART 2)
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ALCA ATTEN he hospital or a Nu DIRECTOR ached for use a E Dept. of Hea	saw the deceased plive	spital) attended the deceased from on 192 not) view she body after death.	DEGREE ATTENDING	death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIAI	and hour and fram the causes stated 22c. DATE SIGNED
TO HOSPITAL retained by the TO FUNETAL should be detact with the State I	224. PHYSICIAN'S NAME (TYP	LY MD	220 ADDRESS 5901 MCd 1	il Terroe	1 1 1
476BP	230. BURIAL, CREMATION, REMOV Burial		Name of cemetery or crematory Id. Vet.Cem.	Cheltenha	
DHMH-16 25M (VRA 15, 4) 1/79	24 FUNERAL DIRECTOR Nal]	ey's F.H. ADDRESS	Mt.Rainier, 25. DA	E REC'D. BY REGISTRAR 251 L Z I 1980	REGISTRAR'S SIGNATURE

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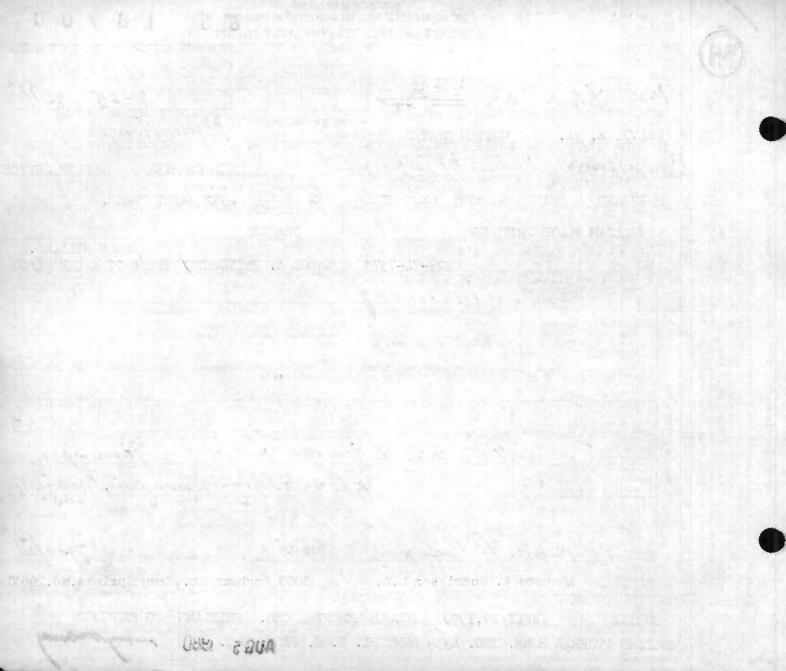
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle last 20. DATE OF DEATH 2b. HOUR ours after death. (Type or print) Year Ruth PRATT 6:A -M 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) female 12-2-1892 Caucasion 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or fareign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED USA Washington. D. C. WIDOWED X DIVORCED [Prince George OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY Home give her Tophaven Nursing Home during most of working life even if retired.) Adelphi 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN odmission) STATE Maryland 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Hyattsville YES A NO 6714 LOth Ave and in any 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle George Cross Sarah Virginia Andrews please 40th Ave. Add atts. Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 6714 Yes, na, ar unknawn) (If yes give war or dates of service) crematian, ar remaval, Jeanne Bolen) Daughter) 577-40-4476 APPROXIMATE INTÉRVAL 18. CAUSE OF DEATH (Enter only one cause per line for (e), (h), and (c).) GETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF the haspital or attending physician. stating the underlying cause burial, last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been detached far use as the e Dept. af Health prior ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO | 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HDME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at work FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased from... be retained by saw the deceased alive on 7 __1930, and that in (my) (our) opinion deoth accurred on the date and have and from the causes stated obaye, (1) (we) (did) (did-not) view the bady after deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF DEGREE director, page should be filed PHYS. PHYS. TO HOSPITAL Page 4 may b 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Hugh Irey, M.D. 11161 New Hampshire Ave.; Silver Spring 23a. BURIAL, CREMATION, 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) . (County) (State) Cremation 7/29/80 PG Md. 0 Ft.Lincoln Crematory Brentwood 24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Hines/Rinaldi F.H.11800 N.H.Ave.S.S.Md DATE JUL 30 1980

MARYLAND STATE DEPARTMENT OF HEALTH

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10 00	1 - STATE REGISTRAR	MEDICAL EXAMINE	R'S CERTIFICATE OF D	EATH REG. NO.	700
(M)	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE KNOWN TO MONTH	DAY YEAR 2b. HOUR
The state of the s	WAYNE	T	PRITCHETT	DEATH MATED 7 -	75 180 M
SARY, PLE AL DIRECT YOUR FIL N 72 HO TON STR	Male Black	S. DATE OF BIRTH 1951 6. AGE (IN YEARS MONTH DAY YEAR 2015 BIRTHDAY)	IF UNDER 1 YR. IF UNDER 24 H	IRS. 2c. DATE MONTH PRONOUNCED 7-2	5 19 82 95 M
ECESSARY JUNERAL DII FOR YOU WITHIN 72 PRESTON	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY? 8.	MARRIED NEVER MARRIED	9. BALTIMORE CITY OF COUN	TY OF DEATH
75.5	DANVILLE, VA.	OTTERNO DITTER	WIDOWED DIVORCED	- Mince Geny	MD.
PAGE E FILE	Compositions of DEATH	HNAMENS AFB 1713	prother institution 120.	USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) MAIL CARRIER	OR INDUSTRY POST OFFICE
21201 IF ANY DEL S. AND 3 TG SHOULD BE RECORDS!	USUAL PESIDENCE (IF IN PRING HOME OF 130, STATE 13b, COUN' MARYLAND PRIN	TY 13c. CITY OR TOWN		STREET ADDRESS 4922 MAURY PLACE	
	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N.	AME MIDDLE	LAST
RE, M		PRITCHETT	FRANCES		ORD
Z Z O P E	160. WAS DECEASED EVER IN U.S. ARA (YES, NO, OR UNKNOWN) (IF YES, GIVE Y	VAR OR DATES)			N HILL, MD.
URS AFTIN WITH FO DIVISION	NO .	229-74-757	B CAROL A. PR	ITCHETT WIFE/4922	MAURY PLACE
: 50	PART I DEATH WAS CAUSED	THE PHILIPPINE	9		BETWEEN ONSET AND DEATH
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OR SEA SEA	lying couse lost.	(c)			
DS. CAN		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA	IL DISEASE OR CONDITION GIVEN IN PART 1	0.	
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NVISI CERT TING DED DED DED DED DED	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, FARM, ETC.)	21f. LOCATION STREET	Cy CITY OR TOWN	DUNTA, STATE
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	220. I certify that I took charg	e of the remains described obave, held on	Autopsy , Inspection	Inquiry , and in my o	pinion ,
MAIN BE BE ECT THAT THE THAT THE THAT THE THAT THE THAT THE THE THAT THE THE THAT THE THE THE THE THE THE THE THE THE TH	death resulted from: Notur	al causes 🔲 , Accident 🔲 , Suici	de 🔲 . Homicide 🔲 . U	ndetermined manner,	
E CER DUID L DIR H, WIT	ACTUAL (14/8	To Y. Y diene	Deputy	DATE	7/26/87
	SIGNATURE ()	m / Josephan		MEDICAL EXAMINER SIGN	ED // John
MEDICAL ECUTE THE GG 4 SHO GG 4 SHO FUNERAL ITER DEATH	EXAMINER'S NAME AUGUS	to P. Rodrigtez M.D.	ADDRESS 5009 Ray	burn Ct., Camp Spr	ings, Md. 20031
TO PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	230. BURIAL, CREMATION, REMOVAL 2	36. DATE 23c. NAME OF CEME	TERY OR CREMATORY 23	Id. LOCATION CITY OR TOWN COU	INTY STATE
0080	BURIAL	JULY 29,1980 LINCOLN	MEMORIAL CEM.	SUITLAND PG MARY	/LAND
DHMH - 17 (VR A15 ME (5)) 15M 7/76	ROLLINS FUNERAL H	OME, INC. 4339 HUNT P	L. N. E. WASKUE	D. BY REGISTRAR 256. REGISTRAR'S	SIGNATURA

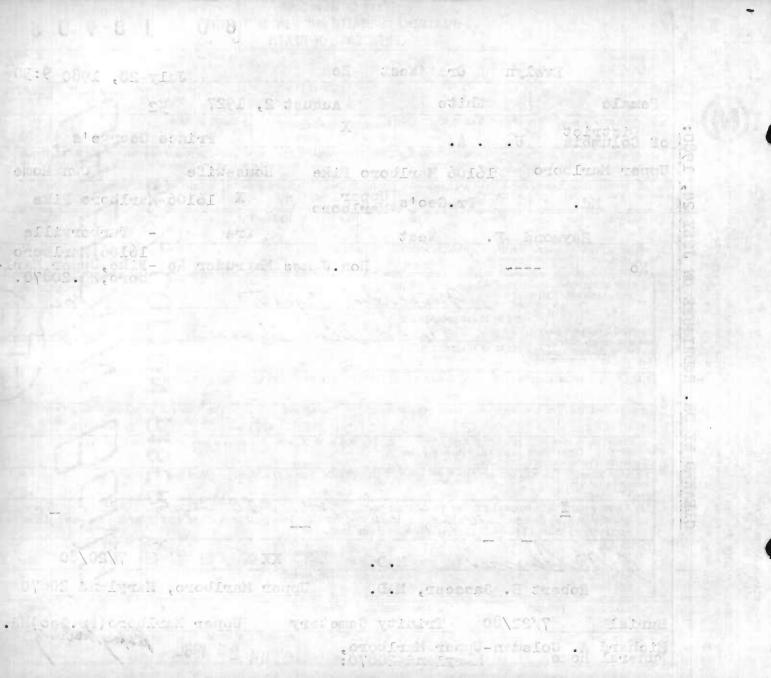


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	3 SE)	Female	4 RACE Bla	ck	S DATE OF	25 ⁰ , 1925	6. AGE [IN YEARS LAST BIRTHDAY] 54	MONTHS DAYS	
death. For	CC	RTHPLACE (STATE OR FOREIGN DUNTRY) geland, S.C.	U.S.	WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED	BALTIMORE CITY OR CO		rges
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physicial physicial papers. F emoval. tic event,	7	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS		line for tal, (b), ar	id (cs.)			APPRO BETWEEN	LONSET AND
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ATTEND bital or att bital or att bital or att for use as of Healti		220 I certify that (I) (this has sow the deceased alive a abave, (I) (we) (did) (did)	n 7//	19.5			death occurred on the date a		
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	0.4.0	UNERAL DIRECTOR			10.	EIICE) 250 DA	TE REC'D. BY REGISTRAR 256.		BETANDA MELE

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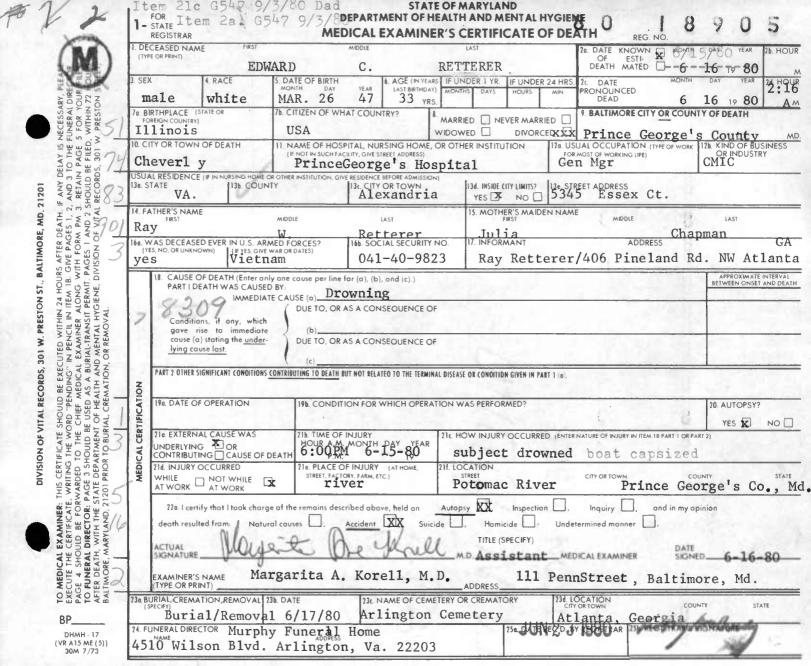
DEPARTMENT OF HEALTH AND MENTAL HYRENET CERTIFICATE OF DEATH 2b. HOUR△ DECEASED-NAME Middle Lost 2o. DATE OF DEATH (Type or print) Month Evelyn Ora West Rea July 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS last birthday) White Female 1927 August 2. 7o. BIRTHPLACE (Stote or foreign country) District of Columbia 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Prince George's WIDOWED | DIVORCED 12a. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR Own Home Jordan Street address | 16106 Marlboro Pike during most of working life, even if retired.) Upper Marlboro 13d, INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before CITY OR TOWN 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Upper NO X 16106 Marlboro Pike YES 🗀 Pr.Geo's S 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Turberville Ora West Raymond 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Adio 106 Marlboro (Yes no, or unknown) Hon. James Magruder Rea-Pike, Upper Marl NO boro, Maraoano. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, IMMEDIATE CAUSE (a) 回 DUE TO, OR AS A CONSEQUENCE OF IG Canditions, if any, which gave) rise to immediate couse (a). ODR DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse equires that the PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO 🗍 BY 21o. ACCIDENT WAS UNDERLYING [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notily medical examiner) RED 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at wark LEA 22a. I certify that (this haspital) attended the deceased fram-_19 80, and that in (my) (our) opinian death accurred an the date and hour and fram the saw the deceased alive an____ 0 causes stated abave, (1) (we) (did) (did hat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATUR ATTENDING KK MED. 7/20/80 M. D. DEGREE PHYS 27d PHYSICIAN'S 22e. ADDRESS Upper Marlboro, Maryland 20870 NAME (Type) Robert B. Sasscer, M.D. shauld t 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) 23o. 8URIAL CREMATION. Bur 14 (pecify) 7/22/80 Upper Marlboro (Pr.Geo)Md. Trinity Cometery Coleman-Upper Marlboro, 24 FUNERAL DIRECTOR Richard DHMH - 16 3/72 25M 2.3 1980 Maryland 20870: (VR A15 (4))

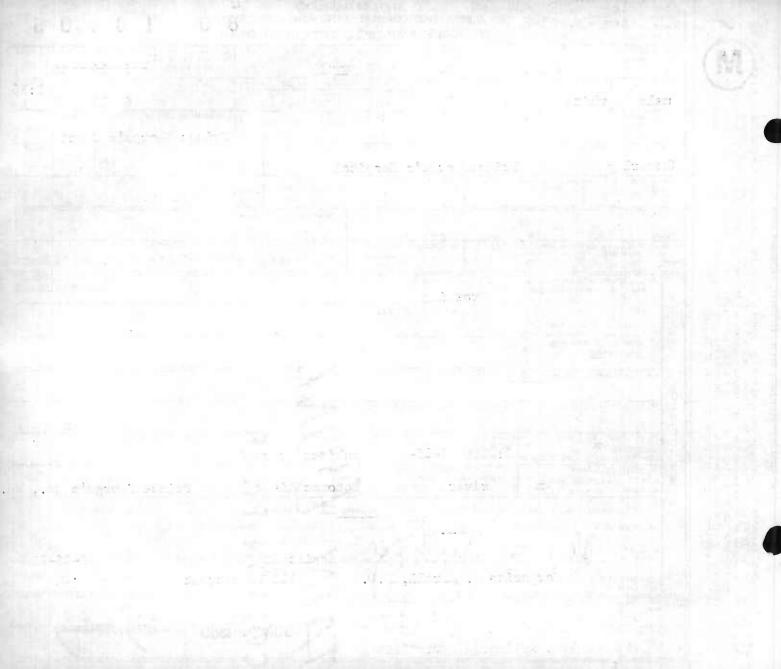
STATE OF MARYLAND



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VAS DECEASED EVER IN LEST OF UNKNOWN)		Rentz		15. MOTHER'S MA	ie "	AIDDLE	Sheffield
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21d. INJURY OCCURRED	21e.	PLACE OF INJURY	(AT HOME, 21f.	f. LOCATION STREET	CITY OR TO	wN	COUNTY STA
death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, REMO	Natural causes X Gura Virgini OVAL 1/23b. DATE	Accident Dolar	Suicide n, M.D.	Hamicide TITLE (SPECIFY) ASSIST: ADDRESS RY OR CREMATORY	ant MEDICAL EXAM	AINER SI	ATE 7-25-8
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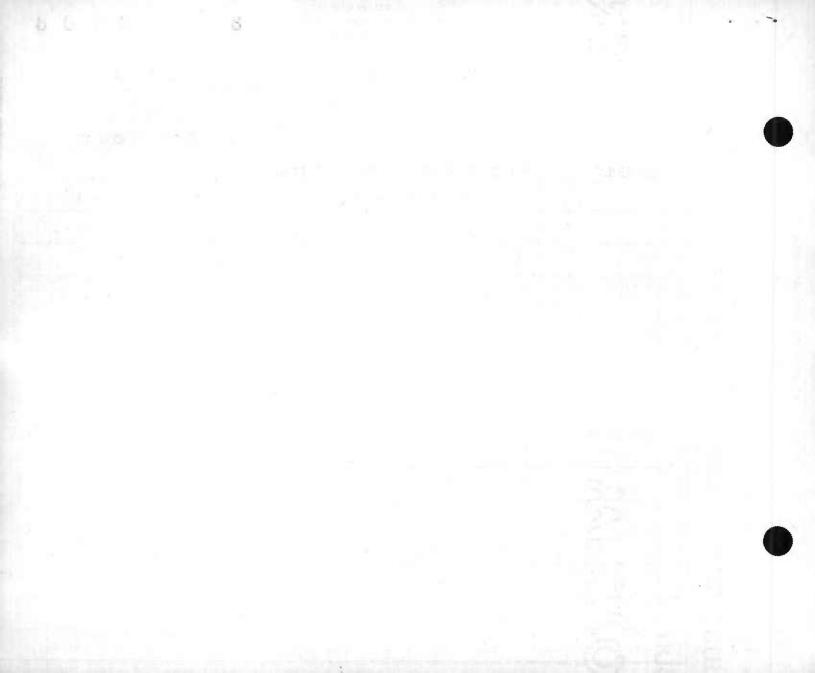
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG NO DECEASED NAME KNOWN X 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 27 10 80 Latonic Richardson 4. RACE 5. DATE OF BIRTH IF LINDER 24 HRS 20 DATE PRONOUNCED LAST BIRTHDAY) 27 19 80 Female. Black DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED Prince George's County, MD DIVORCED CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY Prince George's General Hospital Cheverly 131 COUNTY BALTIMORE, MD. 21201 MIDDLE Bem CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Complications of blunt force injury to head and trunk Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF O BURIAL, YES X VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT COLD PRIOR TO BURIA NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING 10:50 M Pedestrian struck by auto CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (AT HOME 211. LOCATION 6200 BIK. STREET, FACTORY, FARM, ETC. Annapolis Rd., Hyattsville, Prince George's, M WHILE NOT WHILE AT WORK AT WORK street PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH WITH THE STA
BALLIMORE, MARNA 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian Accident X death resulted fram: Undetermined manner Hamicide L TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7/28/80 SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street (TYPE OR PRINT) 23c. NAME OF CEMETERY 236. LOCATION LANDOUER md TARMON BP. **DHMH - 17** 319 N. SchRoeleR (VR A15 ME (5)) 15M 7/77

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120- ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours in attending physician.	should be f	11011	AL RESIDENCE (IF NURSING HOME COU	R OTHER INSTITUTION	N. GIVE RESIDENCE			CITY LIMITS?	13. STREET	ADDRESS 58th	St.	N.	F.
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Al Che ho	At DIRECTOR detached for u are Dept of He it; if hem 21 is		226 SIGNATURE	k Fa	khui	tup	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF STAFF		7//	SIGNED
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME B. DATE KNOWN TO MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-1986 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED DEAD (0) YRS To BIRTHPLACE ISTATE OR BALTIMORE CITY OF BOUNTY OF BEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! UNITED STATES WIDOWED A CAINSVIÈRE. VA. DIVORCED 12a. USUAL OCCUPATION (TYPE OF WORK IL NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 2b KIND OF BUSINESS OR INDUSTRY NOT IN SUCH ACILITY, GIVE STREET ADDRE NURSE HOSPITAL JSUAL RESIDENCE (IN IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 134. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13e. STATE 13b. COUNTY YES Y NO [PR. GEORGE'S LANHAM 10126 ANNAPOLIS ROAD 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST MIDDLE 1AST EIRST CASH MURPHY ROXIE PHILLIPS ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT 322 QUARRY AVE. (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) CAPITOL HTS., MD. DINKHOWN PATRICIA J. 18. CAUSE OF DEATH (Enter only one couse per live for (a), (b), and (c).) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL, YES NO 1 219. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. THE PLACE OF INJURY (AT HOME 11 LOCATION 21d. INJURY OCCURRED COUNTY STREET, FACTORY, FARM, ETC.1 CITY OR TOWN WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Natural causes Hamicide Undetermined monner death resulted fram: TITLE (SPECIFY) Deputy_MEDICAL EXAMINER SIGNATUR 5009 Rayburn Court, Camp Springs, Md. Augusto P. Rodviguez M.D. FXAMINER'S NA (TYPE OR PRINT) ADDRESS 23d. LOCATION 30 BURIAL CREMATION REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY MURPHY FAMILY CEMETERY GAINSVILLE, VIRGINIA 7-24-80 BURIAL24. FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR ROLLINS FUNERAL HOME, INC. 4339 HUNT PL, N. E. D. GJUL (VR A15 ME (5)) 15M7/76

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a F & ≥ ≤		23a E	BURIAL, CREMATION, REMOVA	L 236. DATE	23¢ NAME OF	EMETERY OR CR	REMATORY	23d. LOCATION CITY OR TOWN	cour	MIY	STATE	
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	STATE OF MARYLANI
FOR	DEPARTMENT OF HEALTH AND MEI
- STATE	CEDTIFICATE OF DEA

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+	CI	TY OR TOWN OF D		PRINC	E GEORGE	HOSPITAL, NURSING HOME OR OTHER INSTITUTION H FACILITY, GIVE STREET ADDRESS) E GEORGE GENERAL HOSPITAL				UPATION MOST OF WORKING		NIND CONTRY			
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gredi		210 ACCIDENT WAS I OR CONTRIBUTING [(IF EITHER NOTIFY MEI	CAUSE OF DE	AIII	DE INJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY C	OCCURRED	(ENTER NATURE	OF INJURY IN ITEM I	18, PART 1 C	R PART 2)			
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in (my) (aur) apinian death accurred an the date and hour and from the causes stated

22a.1 certify that (I) (this haspital) attended the deg saw the deceased alive ar 22b. SIGNATURE

DEGREE 22e ADDRESS

ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN

22c. DAT

23a BURIAL, CREMATION, REMOVAL SPECIFY Burial

23b. DATE 7/28/80 23c. NAME OF CEMETERY OR CREMATORY

Ft. Lincoln Cemetery

23d. LOCATION Brentwood.

COUNTY

STATE Md.

BP DHMH - 16 50M 1/76 (VR A 15 (4))

MPORTANT: If Item 21 is marked or Item 18 shaws any

Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Maryland

JUL 2 8 1980

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STATE OF MARYLAND

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DIVIS	E: THIS CERTIING RWARDED T PAGE 3 SH STATE DEPA	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (AT HOME, DRY, FARM, ETC.)		CATION TREET	CITY OR TOWN	cou	UNTY	STATE
•	EXAMINER: CERTIFICATE, ILD BE FOR' DIRECTOR: F WITH THE S ARYLAND, 21		22a I certify that I took charge of the death resulted from: Notural council actual SIGNATURE	14		Autop		Undetermined manner	ond in my op , DATE SIGNE	7	31-8
	MEDI CUTE TWO TWO TWO		EXAMINER'S NAME Augusto	P. Rod	ntiguez M.D.		ADDRESS 5009 Ra		Camp S	pring	gs, Md.
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a.B	URIAL, CREMATION, REMOVAL 236 DA		23c. NAME OF CEA	AETERY O	R CREMATORY	23d. LOCATION	cour	YTY	STATE
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Rd., Suitland, Md.

(VRA 15, 4) 1/79

Funeral Home

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N	1		DIVISION OF VITAL RECORDS,		ET, BALTIMOR	B MARYLAND 21291	9 1 9			
100				ERTIFICATE OF D	DEATH					
		ECEASED-NAME First Type or print) Julia	Middle M.	Sayles		DATE OF DEATH Month Day July 13. 1980	Year 2b. HOUR 11 p M			
	3. 5	Female	4. RACE Negro	S. DATE OF BIRT	18, 1897	last birthday) NRS.	FUNDER † YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.			
1	7a.	BIRTHPLACE (State or foreign ntry) blash., D. C.	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRI WIDOWEDXX DIVORCE		NTY OF DEATH Prince George	Md.			
200	10.	Capitol Heights	11. NAME OF HOSPITAL OR INS give street address) Groomes Res	t Home		PATION (Kind of work dane varking life, even if retired.) Br (RBCIPSO)	12b. KIND OF BUSINESS OR INDUSTRY Pub. Sch's			
1	13a adn	USUAL RESIDENCE (Where decease ission) STATE MaryLand	d lived, if institution: Residence befare		d. Inside City Limits? YES NO	13e. STREET AND NUMBER 6517 8th Place				
The same of		FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIL		Middle Chapman	Last			
41	160	. WAS DECEASED EVER IN U.S. ARMI				Address	SAA			
7		DADT I DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c). BY: TE CAUSE (a)Acute Myoca				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Terminal			
		Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF Arterioscle				2021101100			
		rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF		7	1 61 61				
			DITIONS CONTRIBUTING TO DEATH BUT NO Syndrome	OT RELATED TO THE TERMINAL I	DISEASE OR CONDITIO	ON GIVEN IN PART 1(a)				
7	CERTIFICATION	9	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPS	5Y? NO □	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING			
1	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year	21c. HOW INJURY OCCUI		af injury in Part 1 ar Part 2, Ite	m 1B.)			
l	MED	21d. INJURY OCCURRED 21e. F	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. LOCATION Street		City ar Tawn	Caunty State			
		22a. I certify that (I) (this hospital) attended the deceosed from June 17, 19,79, ta July 13, 19,80, that (I) (we) last saw the deceased alive on May 3, 19,80, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
		22h Signifure E.	Mulyepath. 11	DEGREE ATTENDING PHYS.	MED. DIRECTOR	STAFF 22c. DA	TE SIGNED y 16, 1980			
	1	HYSICIAN'S NAME (Type) Leslie	E. Hedgepath, M.D.	,P.C. 22e. ADDRE 106		treet, N.W. Suite	415			
	L			cemetery or crematory of Heaven Cem		LOCATION (City or Town) ilver Spring P NRAR 980 256. REGISTRAR'S SI	(County) (State)			
88		FUNERAL DIRECTOR Willeamy	L. Lugge ADDRESS	2	So. RESULT REGIS	HKAK980256. REGISTRAR'S SU	GNATURE Cready			
	TV C	Guire Funeral S	Ser. Inc. 7400 G	a. Ave. NW	DAIL					

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (1) - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED DATE OF BIRTH IF UNDER 24 HRS DATE MONTH PRONOUNCED 10-60 b. CITIZEN OF WHAT COUNTRY 9. BATHMORE CITY OR GOUNTY OF DEA O. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Wash., D.C. U.S.A. DIVORCED WIDOWED HELY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, CHOTHER INSTITUTION Housewife Own Home USUAL RESIDENCE (IVIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN DE BYSIDE CITY LIBITST Prince Georges New Carrollton 7611 Fontainbleau Drive 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST MIDDLE John Nutall Whillamina Sauder 17. INFORMANT ADDRESSW Carrollton. 166. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) 214-60-3808 Thomas Scanlon-7611 Fontainbleau Dr., Md. no CAUSE OF DEATH (Enter anly one cause populine fap (a), (b), and (c).) retu artensselsohe Cardes PART I DEATH WAS CAUSED BY IMMEDIATE CAUS DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES NO I 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STATE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian Hamicide Undetermined manner death resulted fram: Natural causes 23c. NAME OF CEMETERY OR CREMATORY 36. BURIAL, CREMATION, REMOVAL Burial Washington, D.C. Mt. Olivet Cemetery 2Robert RGIORBeall Funeral **DHMH-17** (VR A15 ME (5)) 9013 Annapolis Rd., Lanham, Maryland

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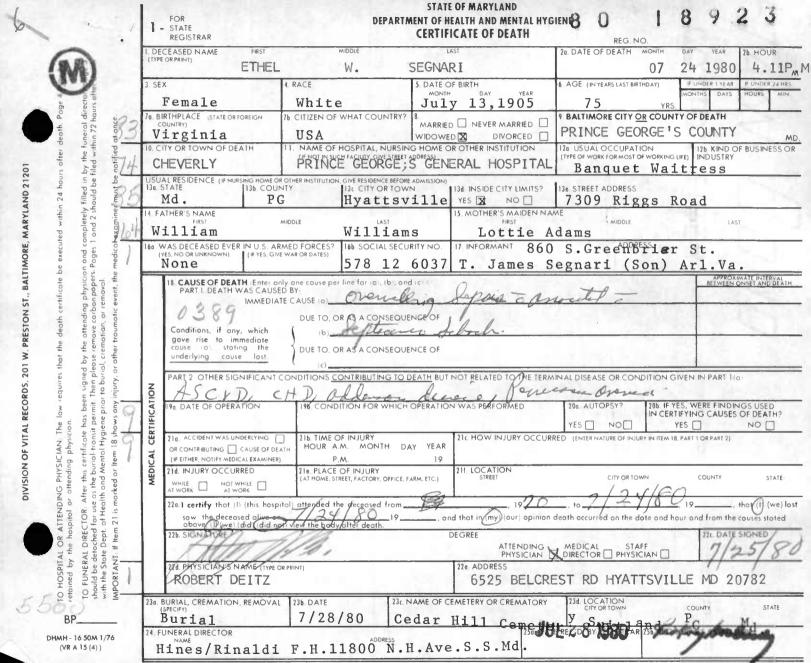
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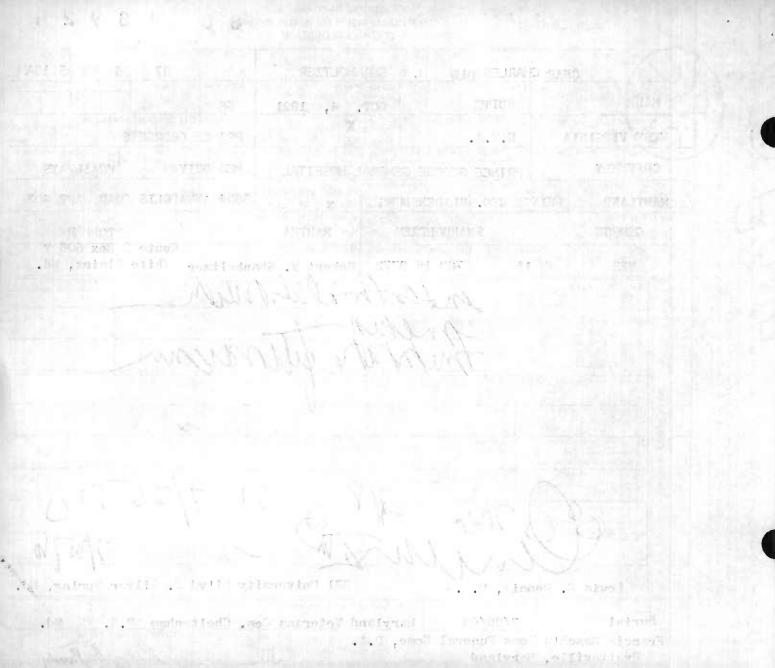
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			REGISTRAR DECEASED NAME FIRST YPE OR PRINT)	MIDDLE	CERTIFICATE OF DEATH	REG. NO. 2a. DATE OF DEATH MONTH DA	
e de		L	CHARI		SHANHOLTZER		5 80 5:10AM
34		L	MALE	4 RACE WHITE	5 DATE OF BIRTH MONTH DAY YEAR OCT. 4, 1921	P. MI	IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
in con	189	W	BIRTHPLACE STATE OR FOREIGN COUNTRY) EST VIRGINIA	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGE'S	
by the		-	CHEVERLY	PRINCE GEORGE	GENERAL HOSPITAL	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) BUS DRIVER	126 KIND OF BUSINESS OR INDUSTRY TRAILWAYS
filled in rould be	wwst be	13	ARYLAND IF NURSING HOME	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY INCE GEO. BLADENS	BURG 13d INSIDE CITY LIMIT YES X NO	15804 ANNAPOLIS R	OAD APT 403
mpletely ond 2 st			FATHER'S NAME GEORGE	MIDDLE SHANHOLTZ	15 MOTHER'S MAIDE	N NAME MIDDLE	TOPPER
r requires that the deoth certificate be executed to signed by the attending physician and control from please the please remove corbon papers. Pages 1 ior to burial, cremotion, or removal. Yinjury, or other troumatic event, the medical	medical	160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES) 722 16			Box 606 T Plains, Md.
	nlury, or other troum	NC		DUE TO THE STATE OF THE STATE O	when	ingum	
e F	ouy -	TATA S	19a DATE OF OPERATION	•	TH OPERATION WAS PERFORMED	TERMINAL DISEASE OR CONDITION GIVE 20a AUTOPSY? 20b IF YES,	WERE FINDINGS USED
te hos been sit permit. T giene prior t	shows ony	EPTIEICATION	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? YES NO YES YES YES	WERE FINDINGS USED ING CAUSES OF DEATH?
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AL DIRECTOR. After this certificate has been etached for use as the buriol-transit permit. I the Dept of Health and Mental Hygiene prior to the other as a second transition.	: If Nem 2 is marked or Nem	/	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 214. INJURY OCCURRED MOTHER AT WORK 224. Certify that (A) this has Sow the control of the control 225. SIGNATURE 226. PHYSICIAN'S N	19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH PLACE OF INJURY 141 HOW THE VACCOR OFFE	DAY YEAR THE LOCATION JULI LOCATIO	200 AUTOPSY? YES NO SY YES NO SY YES NO SY YES ON O S	WERE FINDINGS USED (ING CAUSES OF DEATH? NO NO NO NOTE OF THE CAUSE OF DEATH?
AL DIRECTOR. After this certificate has been etached for use as the buriol-transit permit. I the Dept of Health and Mental Hygiene prior to the other as a second transition.	E	233	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION THE INJURY OCCURRED WHILE DOCUMENT AT WORK TO SEE THE SEE T	21b. TIME OF INJURY HOUR A.M. MONTH JERN JAPPHACE OF INJURY INTERNATION OF INJURY INTERN	DAY YEAR THE DESTRICTION WAS PERFORMED THE DAY YEAR THE	200 AUTOPSY? YES NOW YES CCURRED (ENTER NATURE OF INJURY IN ITEM 18. PAI CITY OF 10 WH TO DICAL STAFF AND DIRECTOR PHYSICIAN D PRINTED BY 1234 LOCATION	WERE FINDINGS USED (ING CAUSES OF DEATH? NO RT 1 OR PART 2) PRI 1 OR PART 2)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE KNOWN (TYPE OR PRINT) 182 Ray DEATH MATED John SHIELDS. 6. AGE (IN YEARS IF UNDER 1 YR. SEX DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 64 Male Cauc. May 13, 1916 DEAD In BIRTHPLACE (STATEOR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. DIVORCED Kentucky WIDOWED Prince Georges 10. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY d Prospect Glenn Dale Hill Road Owner Golf Club USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS T3a STATE 136. COUNTY 13c CITY OR TOWN Glenn Dale Maryland 11501 Old Prospect Hill Rd. Prince Georges YES NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST MIDDLE LAST Shields Bertha. Lena Sherron Lonnie Robert IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Glenropase, Maryland (YES, NO. OR UNKNOWN) 297-10-7561 Wynnifred C. Shields, 11501 Old Prospect Hi 18. CAUSE OF DEATH (Enter only one cause per light (a), (b), and (c). SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Detensue Ochers selevotes ander Vola DUE TO, OR AS A CONSEQUENCE OF Canditians, if dny, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) IFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 11. LOCATION 21e PLACE OF INJURY LATHOME. 21d. INJURY OCCURRED STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fram-Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) GE 4 SHULL Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodniguez M.D. ADDRESS 5009 Rayburn Ct., Camp Springs, Md. (TYPE OR PRINT) PAC TO AFT 230. BURIAL, CREMATION, REMOVAL 236. DATE 736 NAME OF CEMETERY OR CREMATORY Dunkirk, Maryland So. Memorial Gardens July 9.1980 Beaught dharreral Home 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** 16000 Annapolis Road, Bowie, Maryland Vi (R A15 ME (5)) 15M 7/76

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(M)		REGISTRAR	FIRST	MED		KAMINE			CATE	OF DE	ATH	REG. NO.				
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CTOOL	3. SEX	4	I. RACE	5 DATE OF BIRTH	ATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20						2c. DATE		MONTH	DAY	19 YEAR	HOUR
DIRECTOR STATE	m	ale v	white	Aug.10	1949	430 YRS	MONTHS	DAYS	HOURS	MIN.	PRONOUNC DE AD	ED	7	21	1980	7:25
SSARAL PR YOUND HIN	Ja: 81	RTHPLACE (STA	TE OR		CITIZEN OF WHAT COUNTRY?									M		
S NECESSARY, PLEASE E FUNERAL DIRECTOR. E. S FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET.	P	ennsy1			U.S.A. WIDOWED DIVORCED Prince George's								MD.			
PAGE PIE	L	aurel		reater La	not in such facility, Give street adoress) ater Laurel-Belts ville Hospital Shop Foreman						OR	OR INDUSTRY Muffler Co				
RETAIN RECORD	13a S		13% COUNT	other institution, giv Y Arundel	13c. CITY O			3d INSIDE CIT	TY LIMITS?	13e STF	REET ADDRESS 59 Rho	odesc	la1e	e So		1 3
7. 2. 3. 3. 3. A.L.	14. FA	THER'S NAME		WIDDLE	LAS	ī		IS. MOTHE	R'S MAID				1.7		AST	
DEA PER	E	dward		P.	Shoc	key		An		100]	hna	t	
BALTIMORE, MI URS AFTER DEATI B. GIVE PAGES 1, WITH FORM PW PAGES 1 AND DIVISION OF VIT	16a. V	VAS DECEASED ES, NO, OR UNKNOW Yes			311	40-40		Sand		. S	hockey	ADDRESS	same	as	#13	3
	4	18. CAUSE OF PART I DEA	DEATH (Enter only	ane cause per line BY:	ar (a), (b), a	nd (c).)		EUT!					C.B	BETW	PROXIMATE EEN ONSET	INTERVAL AND DEATH
ISTON ST., HIN 24 HOL IN ITEM 18 A ALONG V SIT PERMIT. HYGIENE, E		953	() IMMEDIATE	CAUSE (a)												
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HC RITING THE WORD "PENDING" IN PENCIL IN ITEM 1 ROED TO THE CAFE MEDICAL EXAMINER ALONG E 3 SHOULD BE USED AS A BURIAL-TRANST PERMI E DEPARTMENT OF HEALTH AND MENTAL HYGIENE PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).														
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	23a.Bl	Burial	ON,REMOVAL 231	7/24/80	Md.	ME OF CEME	TERY OR	CREMATO	m .Pa	23d. LC	Laure.	1, P.	G cou	™Čo.	Mď	ATE
BP				JNE RAIDRESH					Se. DATE	REC'D. B	Y REGISTRAR	25b. REGIS	TRAR'S	SIGNATI	JRE	
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1	1	FOR STATE REGISTRAR			HEALTH AND MENTAL HYC FICATE OF DEATH	REG. NO.	189	2 /
		DECEASED NAME FIRST	MIDDLE		IAST		ONTH DAY YEAR	2h. HOUR
nay be page 3		EU	VICE	SM	IITH		07-20-1980	3.20P.M
may pager de	3.	SEX	4 RACE	5 DATE	OF BIRTH	& AGE (IN YEARS LAST BIRTHD		
age 4 n rector, rs after once.		FEMALE	BLACK	APRÎ	L 6th, 1900	80	YRS. MONTHS DAYS	HOURS MIN
desth.	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	MARRIE WIDOW	D NEVER MARRIED	PRINCE GEORG		MD
urs after	4	CHEVERLY	11. NAME OF HOSPITAL	, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	N 12h KIND C	OF BUSINESS OR
hin 24 hou	5	SUAL RESIDENCE (IF NURSING HOW	E OR OTHER INSTITUTION, GIVE RESIDE			13a STREET ADDRESS 8214 Barro	t Road	
cuted wit	10	Henry Bivens	WEIGHT	LAST	15 MOTHER'S MAIDEN NA MINNIE	MADU	Brooks	gr.
e be exec an and co Pages 1 a	16	WAS DECEASED EVER IN U.S. 1483, NO OR UNKNOWN) 1/4 HES. NO	GNS WAR OF DATES)	110-8266	Mr. Marulane	Bivens. Son		ett Rd
The law requires that the elas been signed by the atternove permit. Then please remove ene prior to burial, crematishows any injury, or other		gave rise to immediate cause 101, stating the underlying cause lost PART 2 OTHER SIGNIFICAT 196 DATE OF OPERATION 216 ACCIDENT WAS UNDERLYING	DUE 10. DR AS A CO	ING TO DEATH BU	NOT RELATED TO THE TERM	20e AUTOPSY?	TION GIVEN IN PART 10 20% IF YES, WERE FINDIN	NGS USED
Z = 2 2 8 ==	4	21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		121- HOW IN THEY OCCUP	YES NO RED (ENTER NATURE OF INJURY)	YES 🗆	№ □
NG PHYSICIAN Iding physician. Iter this certificate burial-transit p and Mental Hygie rked or Item 18	4	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MOI	19		RED (ENTER NATURE OF INJURY)	IN ITEM 18, PART I OR PART 2)	
NDING Pattending attending as the buralth and Natural signary as the buralth signary as t		AT WORK AT WORK	21s PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTE oital or ECTOI for use of He em 21		22a.1 certify that (1) this h saw the deceased after above we (did) did	on view the body ofter dea	19 70 /		death accurred on the date		that (1) (we) last
by the hosp by the hosp ERAL DIR e detached State Dept		The special section of	M KIM	W	1	MEDICAL STAFF	AN [] M. DA	176
TO HOSPITAL retained by the horton TO FUNERAL D should be detach with the State D IMPORTANT: If		278 PHYSICIAN'S NAME IN	is Den	nis	22e ADDRESS			
0 BP	2	BURIAL, CREMATION, REMOVE (SPECIFY) Burial	7/24/80	Lincoln	cemetery or crematory n Memorial Cen	23d LOCATION CITY OR TOWN Suitland	county P.G.	STATE Md.
DHMH-16 25M (VRA 15, 4) 1/79	2	FUNERAL DIRECTOR Hall Funer	al Home, 621 F	Poress Wash.,	D.C.20001 250 DAT	UL 2 5 1980	b. REGISTRAR'S SIGNAT	Cready

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-JAMES R. SMITH 6 AGE (IN YEARS IF UNDER I YR IF UNDER 24 HRS DATE YEAR PRONOUNCED 1-02 DEAD To BIRTHPLACE (STATE OF P'BATIMORE CITY NEVER MARRIED U.S.A. Maryland DIVORCED 10. CHY OR TOWN OF DEATH AME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK arkinkushlannin Mechanic Comm. Prince Georges Riverdale 1d INSIDE CITY LIMITS? 6407 Auburn Avenue Maryland YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Arthur Smith Mary Harlroyd 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. (YES NO. OR UNKNOWN) Sadie C. Smith 218 05 0694 Same as #13 (Wife) 18 CAUSE OF DEATH (Enter only one couse per live for (o), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY nating prostelie adamocorpinomo Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. CERTIFICATION 20. AUTOPSY? UNDERLYING OR MEDICAL CONTRIBUTING ACAUSE OF DEATH WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on ond in my opinion Accident Suicide Homicide death resulted from: Natural causes Undetermined monner TITLE (SPECIFY) AGE 4 SHU.
TO FUNERAL DIVAFTER DEATH, V Deputy MEDICAL EXAMINER Augusto P. Rodriguer M.D. 5009 Rayburn Court, Camp Springs, Md. ADDRESS 236 BURIAL CREMATION REMOVAL 236. DATE Md. Burial 8/4/80 Ft. Lincoln Cemetery Brentwood, P.G. 250. DATE REC'D. BY REGISTRAR 256. 15 RAR'S Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Maryland DHMH - 17 (VR A15 ME (5)) 15M 7/76

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49	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 217, 1	23a. 8	SURIAL, CREMA	TION, REMOVAL	23b. DATE	23c.	NAME OF CEM	ETERY O	RCREMAT	ORY	23d. LO	CATION		COUNT	y	TATE
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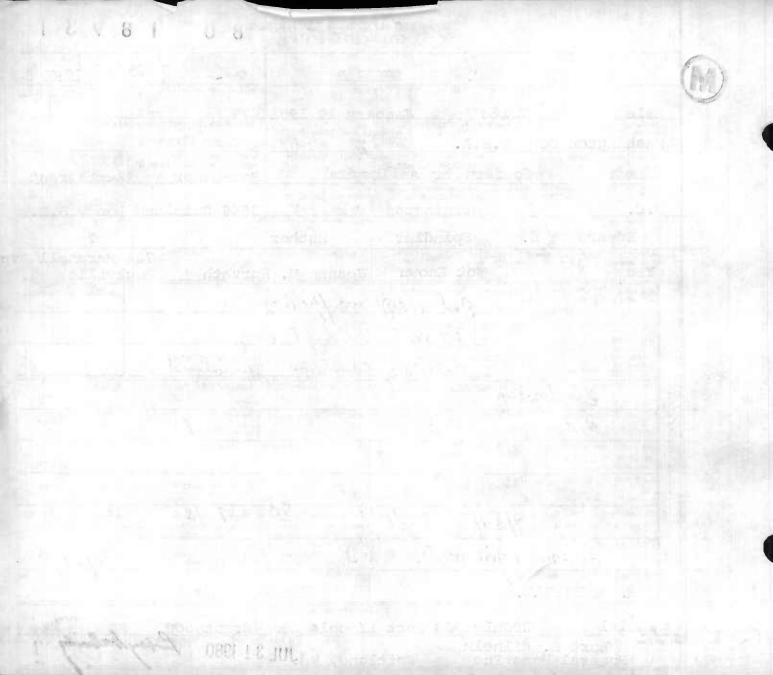
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	PECEASED NAME FIRST PINK	NEY A	SPENCER	20. DATE OF DEATH MONTH DA	22 80 3:15P
3 5	Male	4 RACE Black	June 7,1906	M.	FUNDER 1 YEAR IF UNDER 24 HR
7a	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR		PRINCE GEORGES	OF DEATH
	CHEVERLY	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS CONDUSTRY
ESS 130	Md P	OR OTHER INSTITUTION, GIVE RESIDENCE BER UNTY 13t. CITY OR TO	unt Hatse NO	13e STREET ADDRESS 902 60th Ave	
14	FATHER'S NAME FIRST WILLIAM	MIDDLE LAST Spencer	15 MOTHER'S MAIDEN NO FIRST Trene	MIDDLE	ooks
medical 160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	CURITY NO. 17 INFORMANT 9-8590 Louise Sm	ADDRESS 11th-Sammas # 1	3 above
event, the	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED)	only one couse per lime or ni, (b), SED BY ATE CAUSE (o)	maken Facla	ve	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ws ony injury, or			O DEATH BUT NOT RELATED TO THE TERMENT OF THE TERME	20a AUTOPSY? 20b IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
_ / _			DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18, PAI	
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2 I 2 I	22a I certify that (I) (this has sow the Jeceosed alive of	pitol) attended the deceosed from 22 4 (9 19 not) in the body after death.	80 , and that in (my) (our) opinion	to 220019. In death occurred on the date and hour	
NT. # #ea	Inmas U	1 Bennige	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/22/80
IMPORTANT.	ALPHYSICIAN'S NAME (TYPE	- BENSONOER	MO 7676 Wecus	Hampstone Ave	Laughey Pas.
230	(SPECIFY)		INCOLM MEM. CEM.		COUNTY LUISTATE G. HO.
6 24	FUNERAL DIRECTOR NAME 4. 9. WASHINGTO		SURROUGHS AVE. N.C. I	TE REC'D. BY REGISTRAR 23b. REGISTR	

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	1 4	1	2	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G		ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI				
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X	pay dwo	1/6	0			ers, Sr.	Meta		Warley			
ORE	pur pur	# /	164		WE WAR OR DATES)	IAL SECURITY NO.	17 INFORMANT	ADDRESS				
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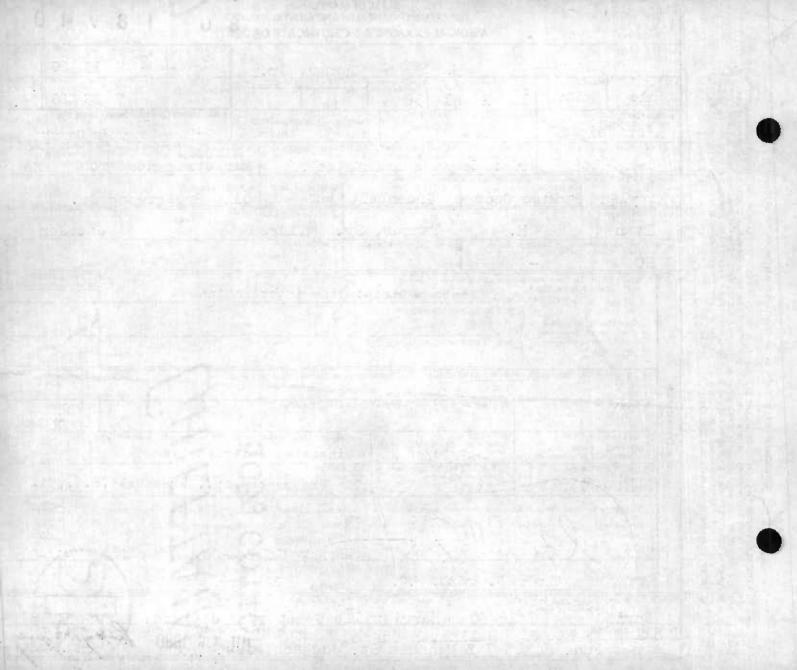
STATE OF MARYLAND

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TO HOSPITAL Off. retained by the hosp TO FUNERAL DIRE should be detached f with the State Dept. IMPORTANT: If Ite		JOUCH JON	ies, M.D.		1328 South	ern Ave SE	ste311 Washin
	ng	UFIAL, CREMATION, REMOVAL	23b. DATE //Q.D	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	/ 1 / COUNTY A STATE
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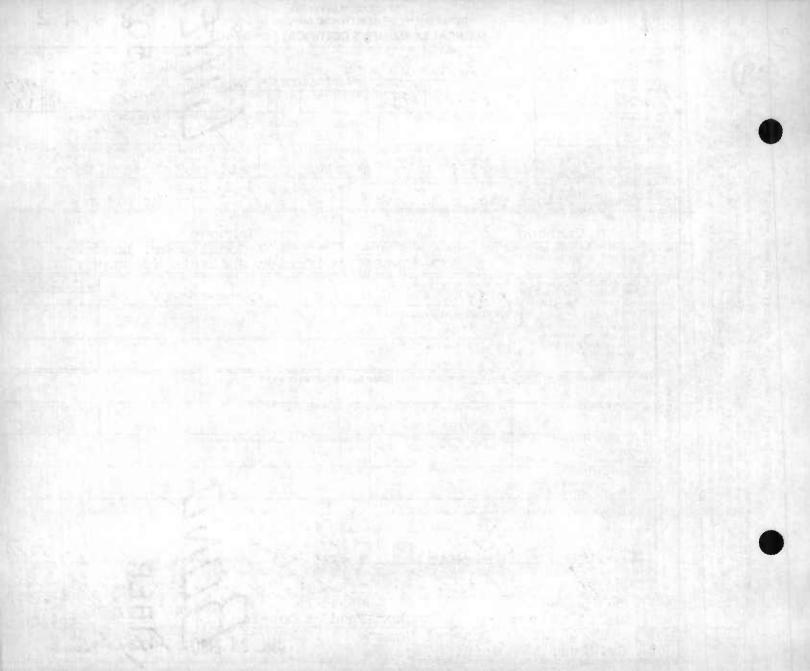
		FOR -	,21a-22a	G546 8	DEPART	MENT OF	E OF MARYLA	AND MENTAL H	YGIĘNE	n	1	Q	0	4	n
	1-	STATE REGISTRAR			MEDICAL	EXAMIN	ER'S CERTIF	ICATE O	F DEAT	HO	REG. NO.		-		
		CEASED NAM	E FIRST		MIDDLE		LAST	R AT	20	DATE KN	NOWN DESTI-	MONTH	DAY	YEAR	26 HOUR
			Ivan		M.		Tanner	. Jr.	AL.	DEATH A	AATED A	7	13,	,80	M
	3 SE	x Male	White	DATE OF BIR	AY YEAR	6. AGE (IN YEA LAST BIRTHDA 38 YR	Moralis Bals	HOURS		DATE RONOUNC DEAD	ED	MONTH 7	13	YEAR 1980	5:41 D.M
	F.C	IRTHPLACE IS PREIGN COUNTRY) VISSIS		76. CITIZEN OF	SA	NTRY?	8. MARRIED N		ED 📙		RE CITY OF	-	TY OF DE	EATH	
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		Greenb	elt	Prince	George	street address)	eral Hosp		FOR MO	ST OF WORKIN	ng Re		OR	INDUSTR	Y
	13a. S	TATE	(IF IN NURSING HOME OR 13b. COUNTY nd Princ	1	13c, CITY	e before admission y or town Greenb	13d. INSIDE		130 STREE	TADDRESS	s eez e w	rood	Dr		
		ATHER'S NAM		WIDDLE	-0.			HER'S MAIDE		MIDE					
	3	Ivan		M.	T	anner,	Sr. M	Mildre	ed) MIDE			Jac	ksor	1
-	16a \		D EVER IN U.S. ARME	ED FORCES? AR OR DATES)		CIAL SECURITY		RMANT			ADDRESS				
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			ns, if any, which	(b)_											
) stating the <u>under-</u>	< ,	OR AS A COM	NSEQUENCE C	F			T'IN				131	
		PART 2 OTHER S	IGNIFICANT CONDITIONS CO	ONTRIBUTING TO DE	EATH BUT NOT REL	ATEO TO THE TERMI	NAL DISEASE OR CONDIT	TON GIVEN IN PAR	RT 1 (a),						
	N N							TILL		(WIL					
	CERTIFICATION		OPERATION			WHICH OPERA	ATION WAS PERFO	ORMED?						JTOPSY?	но 🗆
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	10	22a. 1 /erti	fy that I toak charge		described abo	ave, held an	Autapsy XX.	Inspection		Inquiry [in my op	inian		
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0	4	EXAMINER'S (TYPE OR PRI	NAME Thor	mas D.	Smith,	M.D.	ADDRESS	111	1 Pen	n Str	eet	1/			
	23a. B	URIAL, CREMA	Removal1	DATE		NAME OF CEN	ETERY OR CREMA	TORY	23d. LOC CITY OR	ATION		COU	NIY	STA	TE
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		Ban aw		& Be	allhav	en Cha	apel Nor	n th DATE R	REC'D. BY R	1 6 1	1256. REGIS	TRAFF	May!	mel	ready
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1		1-	FOR STATE REGISTRAR		M	DEPARTMENT OF	HEALTH				8	9	4	
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S NECESS FUNKRALD R. 5 FOR YOUR FILES.	STRE	3. SE	x Male	White	5. DATE OF BIRTH	6 AGE (IN YE	ARS IF UNI	DER I YR. IF UNDER	MIN. PRONO	UNCED	MONTH	DAY	YEAR	24 HOUR 5:47
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21201 IF ANY DE 2, AND 3 TO 3. RETAIN	SECOND SE	13a S	AL RESIDENCE STATE LTVlan	13b. COUN	OR OTHER INSTITUTION,	13c. CITY OR TOWN Suitland	ION)		13e. STREET ADD					
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ST., B	GIENE, DIVISION		PART I DE	EATH WAS CAUSE	D BY:	e for (a), (b), and (c).) Stab	Wound	of Heart				BETV	PROXIMATE VEEN ONSET	AND DEATH
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CORD BE EX SINDING MEDIC	ALTH	NO												
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, ROPED TO THE CHIEF MEDICAL EXAMINER AIONG WITH FORM PM.	OF HE	CERTIFICATION	19a. DATE OF	OPERATION	19b. COND	ITION FOR WHICH OPER	ATION WA	S PERFORMED?					UTOPSY?	NO []
OF VI	E DEPARTMENT OF PRIOR TO BURIAL, O	CERT	210. EXTERNA	AL CAUSE WAS	216. TIME C		21c. HO	W INJURY OCCURRED	ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PA		CO AA	NO L
ONO FFC	C 2 K 2		CONTRIBUTION CONTRIBUTION	G - MOR NG □ CAUSE OF	DEATH 2:303	M. MONTH DAY YEAR 8. 7 12 1980	sub	ject stabb	ed					
IVISI CERT TING DED	PRIO	MEDICAL	21d. INJURY C	_	21e PLACE STREET, FA	OF INJURY (AT HOME,	211. LOC		CITY OR	OWN	CC	UNTY	20	STATE
13 4 S	S E S	-	AT WORK	AT WORK	<u> </u>	nome	331	9 Navy Day	Drive,	Suitla	-			orges
FOR FOR	AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 212		220 certi	fy that I too cho	ge the remains de	escribed above, held A	Autopsy		Inquir	y 🔲, ar	nd in my a	pinian	d.	
AMIN STER	YLAN		death result	ed fram	eral causes	Accident L. Su	icide 🔲 ,	Hamicide X,	Undetermined	manner,				5,81
EX.	A A K		ACTUAL SIGNATURE	pely	mark.	1 That	1	Deputy Chi	efusosalsv	44 M IF D	DATE		7-13-	80
DICA E TH	ORE,		/				-				SIGN	ED		
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2001	B A B	23a.B	SPECIFY)	TION, REMOVAL		23c. NAME OF CEA			23d. LOCATION CITY OR TOWN		cou	NA	STA	
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		FOR	DEF	PARTMENT OF H	EALTH AND	MENTAL HYGIEN	E ()	8	9 4 4
7)		STATE REGISTRAR	MEDIC	CAL EXAMINE	R'S CERTIF	ICATE OF DEA	TH REC	G. NO.	
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EET. SEET.		11000	Les Ca / ples		IF UNDER 1 YR	LIE UNIDED OLLUDS		MONTH	DAY YEAR 24 HOTE
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		orth Carolina	U.S.A.		WIDOWED -	DIVORCED [MINI	Ce CTEB	MI
Z = 0 -3 -		TY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME,	OR OTHER INSTIT	TUTION 120. USC	JAL OCCUPATION	(TYPE OF WORK	26. KIND OF BUSINESS
LAY IS P O THE P PAGE F FILED, S, 301 W	T.	andover	HOMO . 26 A	7 Cousin	a Dadin	FOR A	ired/La	homon	OR INDUSTRY
28. S.S.		L RESIDENCE (IF IN NURSING HOME				e Rec	ттеп/па	porer	None
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5 2 3 3	14. F/	THER'S NAME	MIDDLE		15. MOT	THER'S MAIDEN NAME	MIDDLE	. 3	LAST
DEATH DEATH ME PM ME PM AND 2 VITA		Unkno	own	LAST			nown		5001
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BALTIMORE, MD. URS AFTER DEATH URS AFTER PAGES 1, WITH FORM PM PAGES 1 AND 2 DIVISION OF UITA	-				0 / 1213	rreida Wi	TUSECU	(daugii	T APPROXIMATE INTERVAL
18. W		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly ane cause per life for	(a), (b), and (c).)	-7 /	1. 1.100	1.1.1	./.	BETWEEN ONSET AND DEATH
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ALC ALC		4393		A CONSEQUENCE O	F				The state of the s
W. PREST D. WITHIN ENCIL IN AMINERTRANSIT ENTAL HY	1	Conditions, if any, which							
11 W. PRI TED WITI V. PENCII. X.AMINE AL-TRAN MENTAL	10	gave rise to immediat cause (a) stating the under		A CONSEQUENCE O	F				44.2
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A A DICE A HOLL	7	PART 2 OTNER SIGNIFICANT CONDITION	S CONTRIBUTING TO GEATH BUT	NUL RELATED TO THE TERMIN	ANT DISEASE OK CONOL	ITION GIVEN IN PART I [0].			
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L RECC	CA	190. DATE OF OPERATION	196. CONDITION	N FOR WHICH OPERA	TION WAS PERF	ORMED?		,	20. AUTOPSY?
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PR DE CE	₩.	110105	STREET, FACTORY	, FARM, ETC.)	STREET		CITY OR TOWN	COU	NTY STATE
E: THIS FE, WR DRWAR : PAGE STATE		AT WORK AT WORK					/		
		22a I certify that I taak char	rge of the remains describ	ed abave, held an	Autopsy .	Inspection .	Inquiry ,	and in my opi	inion
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EXAMINE CERTIFICA ULD BE F DIRECTO WITH TH			(DD)		/ Tool	(SPECIFY)			. ~
E CERTIFICA OULD 8E FO A DIRECTOR H, WITH THE		ACTUAL Horse	4 Line	ing	11/2	buty	CAL EVALUED	DATE	7-15-80
DICAL TE THE A SHOUNERAL DEATH,		SIGNATURE		111	- m.y.	/ MED	ICAL EXAMINER	SIGNEL)
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TO MEDICAL E EXECUTE THE PAGE 4 SHOL TO FUNERAL AFTER DEATH SALTMORE, M.		TYPE DE PRINTY BULL	1-1-0		ADDRES	Sec / Jery	pu si - 2	1	1 20621
PAG PAG PAG PAG PAG	23a.B	URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CEM		(CITY	Greens	borogoun	STATE 3/
56 GP		Burial	7/21/80	Thacker	Family		Y	North	Carolina
DHMH - 17			EY's Fune			25a. DATE REC'D. B'	Y REGISTRAR 256	MAN'S S	NATURE
(VR A15 ME (5)) 15M 7/76	38	31 Ga. Ave.	NW; Wash.	D. C.		JUL 24	1300	77/1	verely



STATE OF MARYLAND

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Md. I.G. Landover 1911 Vermont Ave.

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. SE	X	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR	S IF UND	DAYS	IF UNDER	24 HRS.	PRONO			MONTH	DAY	YEAR
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	Chever1	У	Prince	George	's Gene	eral	Hospi	tal			hloy				lon
	AL RESIDENCE (STATE MILA	IF IN HURSING MOME OR			OR TOWN	13	d. INSIDE (I	TY LIMITS?	13e. STR	REET ADD	- 1		Cf K	d	
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Z	gave ris cause (a) lying cous	us, if ony, which the to immediate stating the under- se lost. SNIFICANT CONDITIONS CO	(c)		SEQUENCE OF		R CONDITION	GIVEN IN PA	RT 1 (a).						
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	UNDERLYING CONTRIBUTIN	G CAUSE OF DE		M. MONTH	DAY YEAR	21c. HOV	V INJURY	OCCURRE	D (ENTER	NATURE OF	INJURY IN IT	EM 18 PAF	RT 3 OR PAI	RT 2)	
CAL				OF INTUINY											
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1	FOR			DEBARTMENT OF	ATE OF MAR	YLAND ND MENTAL HYGI E I	NE		a a	,
1	STATE REGISTRAR		M			TIFICATE OF DE	111	1 8	9 4	0
	PECEASED NAME	clare	nce	DeWitt	LAST	Tompkins	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH	28 19 80	2b. HOUR
	male	black	DATE OF BIRT	YEAR LAST BIRTHI		T YR. IF UNDER 24 HRS.	PRONOUNCED DEAD	7 3	DAY YEAR 30 19 80	2d. HOUR
1	BIRTHPLACE (ST FOREIGN COUNTRY)	AC		WHAT COUNTRY?	WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CIT	George	County	MD
	Cheverly		Prince	DSPITAL, NURSING HOM FACILITY, GIVE STREET ADDRESS) GOORGE GOOR OF ADMISS	unty Ho	FOR	SUAL OCCUPATION (TYPE OF WORK	OR INDUST	
130.	STATE	13b COUNTY	THE INSTITUTION,	13: CITY OR TOWN	ton 13d.	ES NO 147		Place	,718	
	Clarey	vee D.	WIDDLE It	om pres		MOTHER'S MAIDEN NAM	- WKODLE		LAST	
100.	NO GRUNKNO	DEVER IN U.S. ARME WN) (IF YES, GIVE WA		577-44		Fattle Ih	onf Kin	1 - Sax	mas 13 E	-
	18 CAUSE O PART I DE	F DEATH (Enter only of ATH WAS CAUSED B IMMEDIATE	IY:	ne for (a), (b), and (c).) Drowning					APPROXIMATI BETWEEN ONSE	T AND DEATH
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		stating the <u>under-</u>	< 1-7	DR AS A CONSEQUENCE	OF					St. III
NO		GNIFICANT CONDITIONS CON	NTRIBUTING TO DEAT	IH BUT NOT RELATED TO THE TER	MINAL DISEASE OR (ONOITION GIVEN IN PART 1 (a).				
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	22a. I certif			escribed above, held an	Г	(body ourly		and in my op		
	ACTUAL	HADi	raid	Accident (1), 3		TITLE (SPECIFY)		DATE SIGNE	7/31/8	80
2	EXAMINER'S I	NAME HO:	rmez R.	Guard, M.D.	, M.U	RESS 111 Penn	Street Ral		υ	
230.		TION, REMOVAL 23b.		23c, NAME OF CE			OCATION POLITICIAN DE LA	- ncoun		ATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME Bauer KNOWNXX MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-Elizabeth Ruth Trejo 19 80 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED female white 45 1980 9:56 DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. DIVORCED X Prince George County WIDOWED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Housewife OR INDUSTRY Same 3. RETAIN PASHOULD BE RECORDS, 1 Prince George County Hospital Cheverly | STREET ADDRESS | 503 Xenia Avenue 13d. INSIDE CITY LIMITS? Prince GeoresCapitol Hgt BYES X NO [] 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST William AL EXAMINER ALONG WITH FURNIBURIAL-TRANSIT PERMIT, PAGES 1 AND BURIAL-TRANSIT PERMIT, PINISION OFWEL Bauer Anastasia Simpers Bauer IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES 30 8881 No No Earl D. Miller, 503 Xenia Avenue CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES XX NO 1 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21e PLACE OF INJURY (ATHOME. 2 If. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY DIRECTOR: 226. I certify that I took charge of the remains described above, held an Autopsy Inspection Undetermined manner TITLE (SPECIFY) EXECUTE , PAGE 4 SHOLTO FUNERAL D' STER DEATH, "MORE, M 7/17/80 Mn Assistant SIGNATURE MEDICAL EXAMINER 111 Penn Street, Balto., MD 21201 Hormez R. Guard, M.D. EXAMINER'S NAME (TYPE OR PRINT) 231. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 11 DATE 23d. LOCATION Aldino Harford Md. 24. FUNERAL DIRECTOR ONTERECULTAY POSTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** de (VR A15 ME (5)) 15M 7/77

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FOR

I. DECEASED NAME

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE A CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH MONTH 2b. HOUR July 20, 1980 Waddell, Sr. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAY YEAR HOURS August 20. 1894 **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Pr. Geo. Co. DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Electrician Gov't 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 3715 40th. Place NOF 15 MOTHER'S MAIDEN NAME MIDDLE Martha Thronberg A . ADDRESS 17 INFORMANT Address Same as Ethel G. Waddell No# 13e. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH -ARDIORESPIRATORY FAILURE BILATERAL CORFISKOVATCULAR ACCIDENTS a Branisten infarct PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 211 LOCATION CITY OR TOWN COUNTY STATE 10 80 _19 80____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING July 21.1980 22e. ADDRESS 3717 38th. Ave. Cottage City, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COUNTY Suitland Wash. Natl. Cemetery 250 DATE REC'D BY CONSTRAR 255 REGISTRAR

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24. FUNERAL DIRECTOR

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STATE OF MARYLAND

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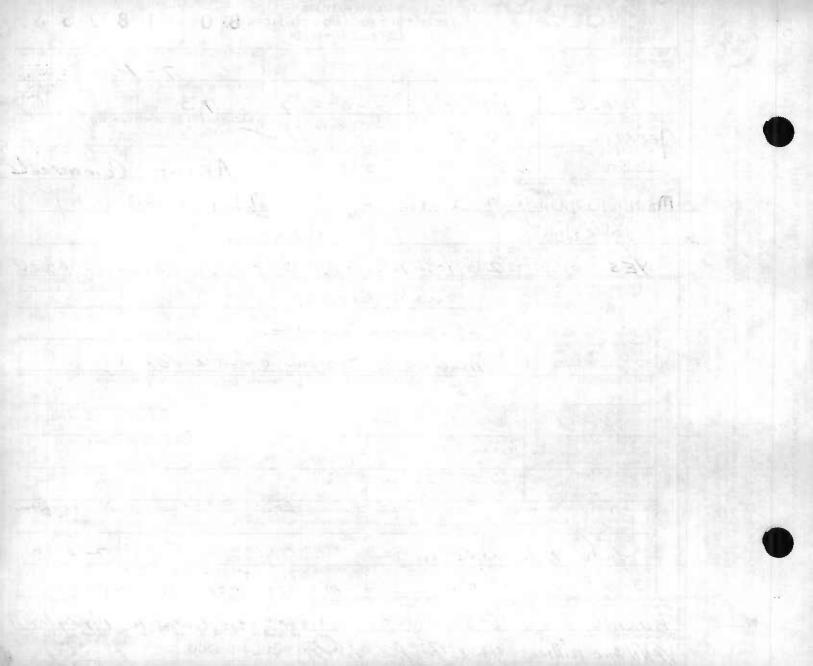
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN XXMONTH 2h HOUR (TYPE OR PRINT) BaxxidDaniel ChristopherWaters ESTI-DEATH MATED 27 1980 3. SEX 4 RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR 2c. DATE PRONOUNCED male white 196 26 Dec DEAD 1980 2:36A 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Lebanon U.S.A. Beirut DIVORCED Prince George County ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12g. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS. NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Cheverly Prince George County Hospital 3. RETAIN P. SHOULD BE USUAL RESIDENCE UE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA BOW I C 13d INSIDE CITY LIMITS? 13. 2201 Harwood Lane Mary land OF VITAL 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Ei leen Dorich Robert T. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION Robert tT Waters Same as #13 218 88 8390 no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? MARDED TO PAGE USE.
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TATE DEPARTMENT OF P. YES XX NO 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR INDERLYING 7/26.80 MEDICAL passenger in auto/fixed objects collision 10:35 PM CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK NOT WHILE roadway Maddoc Lane, Bowie, 212011 Prince George Co MD AT WORK Autopsy XX 22a. I certify that I taak charge of the remains described above, held an Inspection Inquiry Accident XX death resulted fram: Homicide Undetermined monner TITLE (SPECIFY) TO MEDICAL EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, N BALTIMORE, MA ACTUAL 7/27/80 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard.M.D. ADDRESS 111 Penn St. Balto. MD 21201 (TYPE OR PRINT) 230, BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY BOW IE. 80 Sacred Heart Cem. P.G., Md. Funeral Home w O Sullivan 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** 16000 Annapolis Rd. Bowie, Md. 20715 (VR A15 ME (5)) 15M 7/77

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	#5.45 € 6	-	EXAMINER'S NAME	Augusto P.	Rogriguez M.D	. ADDRESS 5009 R	ayburn Ct., (Camp Spring	gs, Md.
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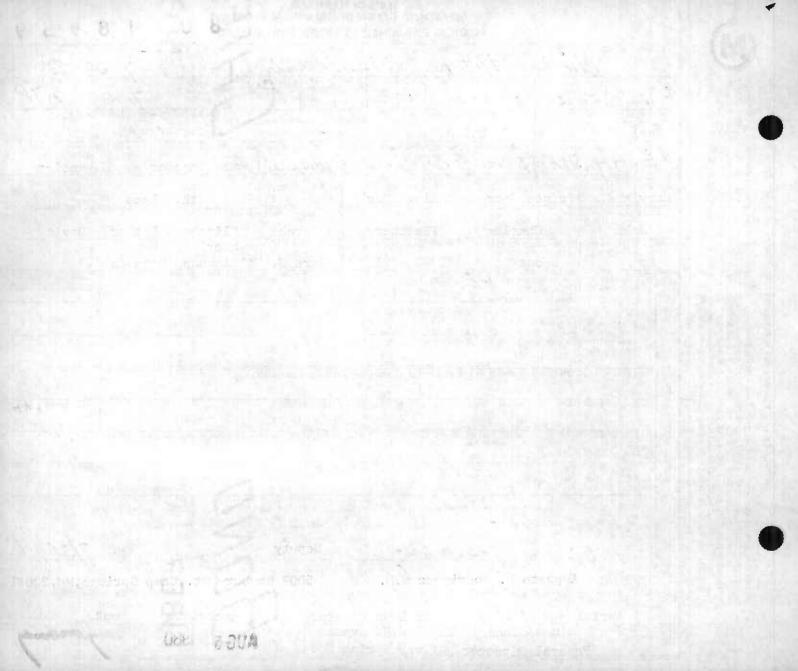
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DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN' (2) CERTIFICATE OF DEATH REG NO 28. DATE OF DEATH MONTH LAST 2h HOUR 13 JUNE 1980 5:40A & AGE IN YEARS LAST BIRTHDAY! IF UNDER 24 HRS DAYS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** PRINCE GEORGES 12ª USUAL OCCUPATION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE 13a. STREET ADDRESS 205 CABIN BRANCH RD MIDDLE ROTHAMMER ADDRESS 205 CABIN BRANCH RD APPROXIMATE INTERVAL PUELDNEPHRIT 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX YES [NO [2) & HOW INJURY OCCURRED | JENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) CITY OR TOWN COUNTY STATE and that in the (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED STAFF DIRECTOR PHYSICIAN Clinton, P.G., Maryland Resurrection Cem. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Lee Funeral Home, Clinton, Maryland

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN AMONTH TYPE OR PRINT! OF ESTI-6. AGE (IN YEARS DATE PRONOUNCED BASTIMORE CLEMOR COUNTY OF DEATH England U.S.A. DIVORCED WIDOWED 12b. KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Dance Teacher Dancing 13e. STREET ADDRESS 13b. COUNTY Prince Georges College Park № □ 9104 48th. Place Maryland 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE John Charles Fletcher Elizabeth Esther Davis Sarah 17. INFORMANT (Daughter) 166. SOCIAL SECURITY NO. 220-34-2916 Sara G. Williamson Same As #13 No None APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per (e,for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY unchocome Cove unone DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held on death resulted fram: Undetermined manner Natural causes TITLE (SPECIFY) Deputy EXAMINER'S NAME Augusto Rodriguez M.D. 5009 Rayburn Ct., Camp Springs. Md. 20031 23g BURIAL CREMATION REMOVAL 23b DATE 134 NAME OF CEMETERY OR CREMATORY Md. 8/02/80 Parklawn Cemetery Rockville Mont. Burial 250. DATE REC'D. BY REGISTRAR 1255. REGISTRAR'S JUNE 1 24. FUNERAL DIRECTOR Hines/Rinaldi 11800 N.H. Avenue DHMH - 17 (VR A15 ME (5)) Funeral Director Silver Spring, Md. 15M 7/76



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO L DECEASED NAME 20, DATE KNOWN (TYPE OR PRINT) OF MARY FUNERAL DIRECTOR 5 FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET, LOUISE WILSON DEATH MATED 19 DATE OF BIRTH 24-HOLIR 4 RACE 6. ACE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 20 DATE ST BIRTHDAY PRONOUNCED DEAD CITIZEN OF WHAT COUNTRY BIRTHPLACE (STATE OR 9. BALTIMORE CITY OF COUNTY OF DEATH FOREIGN COUNTRY)
Virginia MARRIED TNEVER MARRIED U.S.A. WIDOWED [DIVORCED LATITUME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Housewife Own Home JSUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 3a. STATE 13c CITY OR TOWN 13.5110 Kenilworth Avenue Apt 2 Prince Georges Maryland Hyattsville YES TX NO [T. PAGES 1 AND 2 SH. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE LAST Turner Kilby Lula Sowers 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Same as #13 579 26 8103 Kenneth E. Wilson (Husband) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line, lor (o), (b), and (c).) HYGIENE, D PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, il ony, which AND MENTAL gove rise to immediate couse (a) stating the under-DUE TO, OR & A CONSEQUENCE OF lying couse last. PART A OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION ulmonary 19a. DATE OF OPERATION 20. AUTOPSY? OF PRIOR TO BURIAL YES NO F ARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT OF ME OF INJURY 210 EXTERNAL CAUSEWAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HIR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 37 TIE PLACE OF ANYURY 211 LOCATION WHILE AT WORK Truce DIRECTOR: 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion ARYLAND, **Accident** Homicide Undetermined manner death resulted fram: Natural cavies Suicide TO MEDICAL E)
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AFTER DEATH, V
BALTIMORE, MA 230, BURIAL, CREMATION, REMOVAL | 236, DATE COUNTY 7/28/80 Burial Ft. Lincoln Cemetery P.G. Brentwood Md. Francis Gasch's Sons Funeral Home, P.A. **DHMH** - 17 (VR A15 ME (5)) Hyattsville, Maryland 15M 7/76

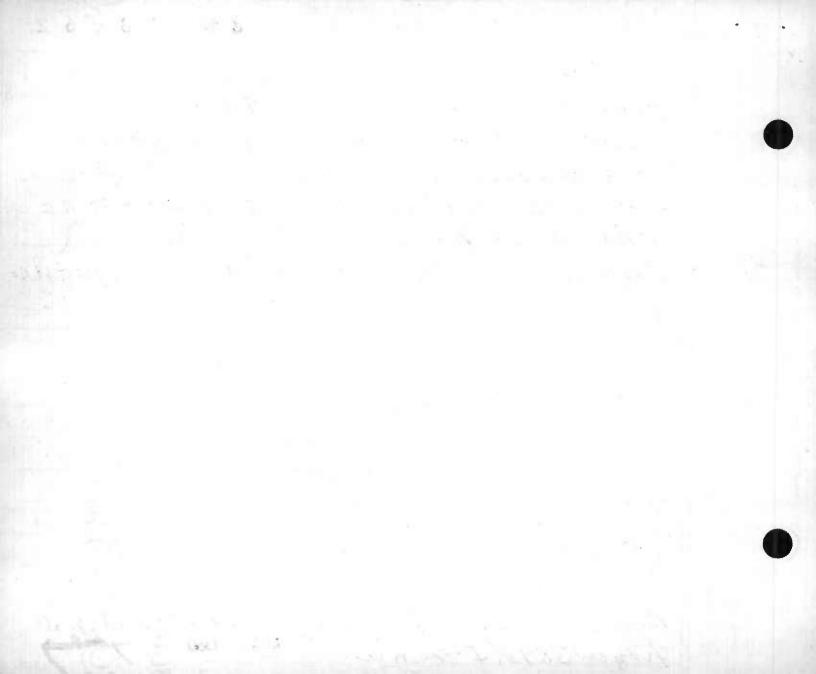
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Gasch's Sons F.H. P.A. Hyattsville, Md.

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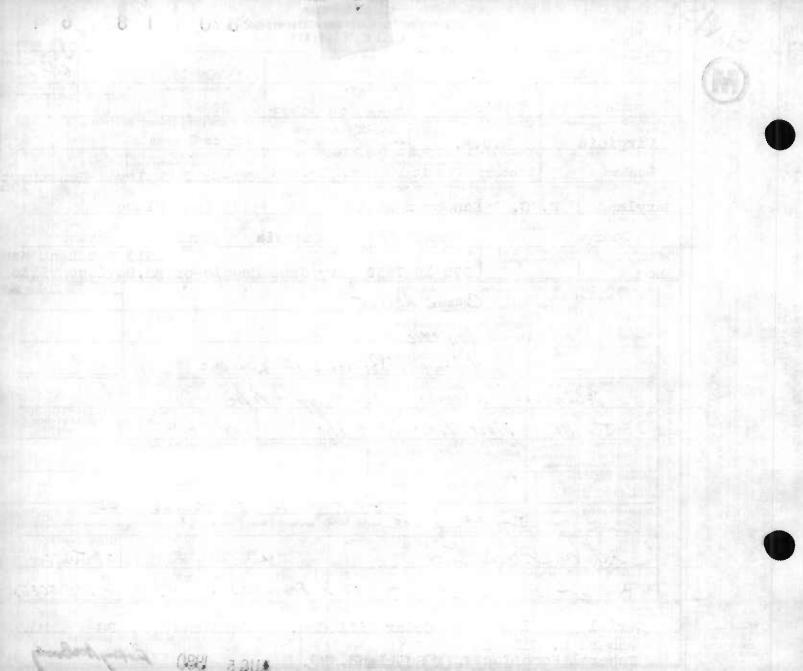
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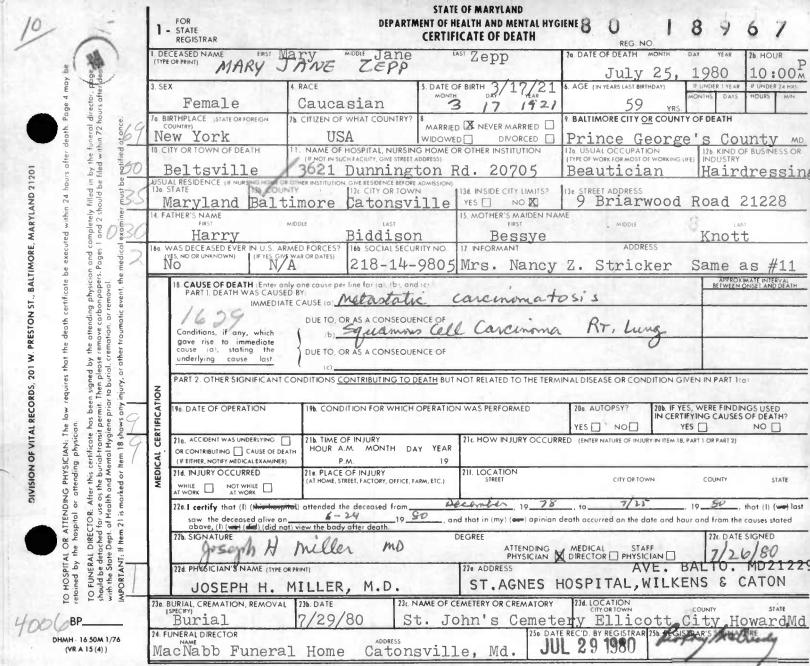
Mr. Pr. Geo. Bowie x 12316 Thompson Rr.

Joseph S. Myler Agnes T. Martin

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No 212-74-9902 William E. Yeager Jr. Fairfax, Va. Rr.

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